

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05528 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost by the funeral ... Pages I and 2 hours after death. 20. DATE OF DEATH 2b. HOUR 24 haurs after death (Type ar print) Manth Yeor 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS. 6. AGE (In years IF UNDER I YEAR last birthday) MONTHS DAYS HOURS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED led in papers. country) WIDOWED T DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) car ban INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed admissian) STATE 13b/ COUNTY YES NO attending physician and ca permit. Then please remay ar remaval, and in any 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no. ar unknown) (If yes give war or dates of service) Brooky Presse Stedman 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Larementa crematian. Canditions, if any, which gave burial-transit rise to immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause burial lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) far use as the b Health priar tab be retained by the haspital ar attending this certificate has been 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO X YES -21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year be detached for State Dept. af I P.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) While Nat while 21f. LOCATION Street or R.F.D. No. City or Town State County OR ATTENDING 220. I certify that (I) (this hospital) ottended the deceased from saw the deceosed alive on-, and that in (my) (our) opinion death occurred on the date and hour and from the directar, page 3 shauld should be filed with the O FUNERAL DIRECTOR: couses stoted above, (1) (we) (did) (did not) view the body after death DEGREE DIRECTOR PHYS 22e. ADDRESS Poch 22d. PHYSICIAN'S NAME (Type) . Woodward Arthur 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Cour Rockville, Montg. (County) (State) 4/5/69 BREMOVAL (Specify) Rockville 24 Tyson Wheeler Funeral Home ADDRESS 31 REC'D BY REGISTRAR Rock Pik 2Sb. REGISTRAR'S SIGNATURE DATE Rockville.

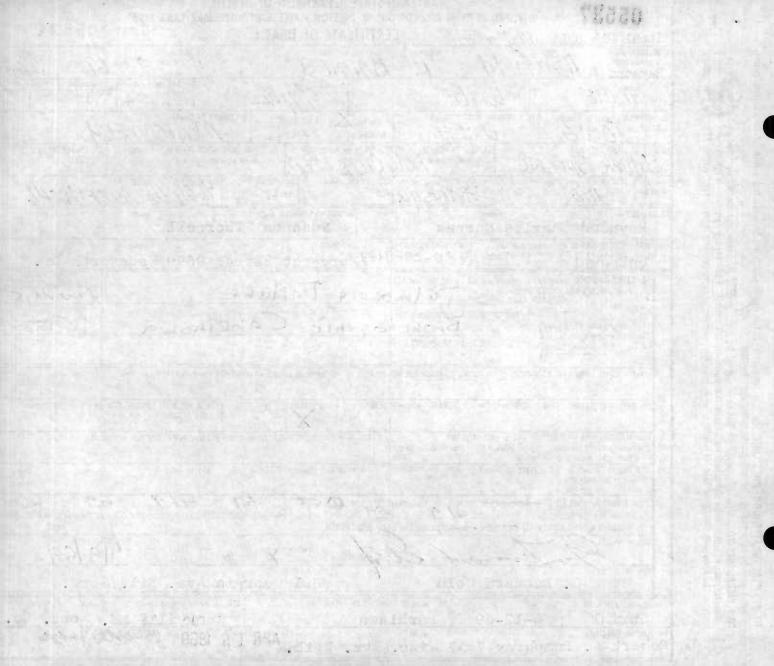
1 1 24		ems 18&22a Film 412 MARYLAND STATE DEPARTMENT OF HEALTH 2-69 ams Division of Vital Records, 301 W. Preston Street, Baltimore, Maryland 21201	
FOR STATE		05535 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	05529
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1 E E		dmission) STATE LAND 136. COUNTY DIENER SPEINS YES NO 11975 ANDRE	W 57
24 hours 10 office 10 office 11 office 12 office 13 office 14 office 15 office 16 office 17 office 18 offi	14. 1	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	lost
24 hour in Item		Salvatore Asero Angela Bellia	
This certificote should be executed within 24 icate, writing the word "pending" in pencil in be forworded to the Chief Medicol Examiner's be used os o buriol-transit permit. File poges or removal, and in ony event within 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Wife) ADDRESS 16b. SOCIAL SECURITY NO. 17. INFORMANT (Wife)	+ MI
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is certificate in the writing the forwarded to be used as a removal, and	CERTIFICATION	196. CONDITION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
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INEI Shou Files 3 shou	MEDICAL	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
ICAL EXAMINER: 9 execute the certifor. Page 4 should ed for your files. CTOR: Page 3 shou buriol, cremation,		WHILE NOT WHILE foctory, office building, etc.)	
Pog or y or y R: P	130	22a. I certify that yoak charge of the remains described above, held an Autopsy 🛴 Inspection 🔀, Inquiry 🔀	and in my apinion
ICA tor. tor. ed f		death resulted from: Natural causes 🗵 , Accident 🔲 , Suicide 🔲 , Homicide 🔲 , Undetermined manner [
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		BURIAL CREMATION, 23b. DATE 23c. NAME/OF LEMETERY OR CREMATORY CEMETERY Baltimore, Market Baltimore, M	ryland
0.1	24.	FUNERAL DIRECTOR Carter II Lantry 34 GADDRESS A Avenue 250 RECISTRAR 256 REGISTRAR'S S	GNATURE
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	3. SEX MALE	4. RACE CAUCASIAN		12, 1923	6. AGE (In years last hinthday)	MONTHS DAYS HO	UNDER 24 HRS. DURS MIN.
	70. BIRTHPLACE (State or foreign (STATION)	USA	WIDOWED D	DIVORCED [MONTGOMERY		Mc
7	10. CITY OR TOWN OF DEATH BETHESDA	AND AND TO THE		tal 120. USUAL OC during most a	CUPATION (Kind of work don f working) hever en if retired.	12b. KIND OF BUS	INESS OR
3	13o. USUAL RESIDENCE (Where admission)	deceosed lived, if institution: Resident	MC LEAN	YES NO NO		COURT	
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		NT CONDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDI	TION GIVEN IN PART I(o)		
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	S ☐ OR CONTRIBUTING ☐ CAUSE	OF DEATH HOUR A.M. Month De	21c. HOW INJURY	OCCURRED (Enter note	ure af injury in Part 1 ar Port	2, Item 18.)	
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	22a. I certify that as saw the decease causes stated a	(this haspital) attended the sed alive an abave, (A (we) (did) (A)(A)(A)(A)	deceased from NOV. 4 19 , and that in iew The bady after death.	, 19 <u>68</u> (my) (aur) apiniar	, ta APR 28 , 1 death accurred an the	9 <u>69</u> , that (X) date and haur and	(we) las I from the
	22b. SIGNATURE	Housender		ENDING MED. S. DIRECT	OR STAFF 22	c DATE SIGNED 9 April 19)69
	22d. PHYSICIAN'S NAME (Type)	DR MC USNR	NA.		AL, BETHESDA,	MARYLAND	
ч	23a. BURIAL, CREMATION,	23b. DATE FORT	NAME OF THE REPORT OF THE PROPERTY OF THE PROP	RY 230	d. LOCATION (City or Town) SAN DIEGO,	CA	Stote)
	24. FUNERAL DIRECTOR W. 1400 Chapin S	W. CHAMBERS t., N.W., Washin	address gton D. C.	25a. REC'D BY RE	GISTRAR 2Sb. REGISTRAI	R'S SIGNATURE	9

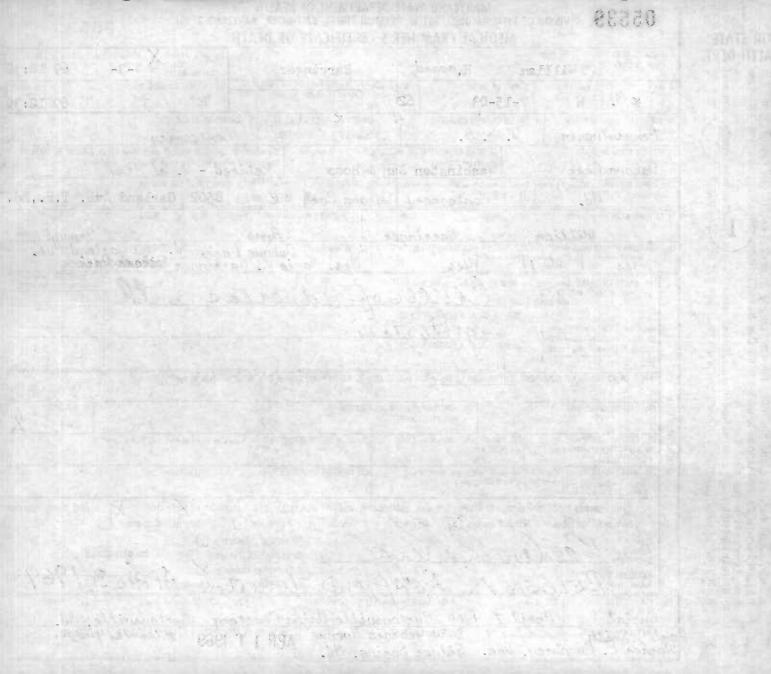
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a offer	3. SE	SEX	YEAR IF UNDER 24 HRS. OAYS HOURS MIN
24 hour d in b pers. 72 hou		8IRTHPLACE (State or foreign unitry) IOWA 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED 9. COUNTY OF DEATH WIDOWED DIVORCED	Md.
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complet ove car	admi	D. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? YES NO 13b. COUNTY BETNESDAY 13b. COUNTY BETNESDAY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? YES NO 13d. INSIDE CITY LIMITS?	9 Dr.
be eximand of the only din only		Raymond Charles Barnes Is. Mother's Maiden Name First Middle Susanna Thornell	Last
certificote be physicion of the please noval, ond in	16a. Y	a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown (If yes give war ar dates of sarvice) 480-09-918 Margaret Barnes 9690 Wadswort	h Dr.
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w required by the photon with the property of	NO	PART 2. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
The lar offence of the offence of th	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED CAUSES OF DEATH?	IN CERTIFYING
sician: pitol on mrifficate ed for u	MEDICAL CE	GONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 19 (If either, notify medical examiner) P.M. 19	
G PHYS the hos this ce detoche	W	While at work at work	Stote
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Poge 4 may be retained by the hospitol or ottending physician. TO FUNERAL DIRECTOR: After this certificate hos been signed by director, page 3 should be detoched for use as the buriol-tron should be filed with the State Dept. of Health prior to buriol, cre		220. I certify that (I) (#his hospital) attended the deceosed from	that (I) (we) last our ond from the
OR AT: be retai be retai blue shows a show of the shows	l	22b. SIGNATURE ATTENDING MED. STAFF PHYS. 22c., DATE SIGNE 19	69
O HOSPITAL Poge 4 may 6 o FUNERAL director, pog should be fill		22d. PHYSICIAM'S NAME (Type) G. Leonard Gold 22e. ADDRESS 9801 Georgia Ave. Sil. Spr	g•
TO HO Poge TO FUN direct		o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County REMOVAL (Specify) 4-12-69 Parklawn Rockvill Md. M	ont. Co.
VR A15 (38)		obert A. Pumphrey 7557 Wisc. Ave. Beth ATE 250 AP DBY REGISTRA 1969 256. AND DBY REGISTRATE 250 APP DBY REGISTRATE	udge.



MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05532 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last and 2 death. 2g. DATE OF DEATH 2b. HOUR De executed within 24 haurs after death funeral 31 and (Type or print) Month Dov Yeor Notley Barrett Howard Firma by the fun 3. SEX 5. DATE OF BIRTH 6. AGE (In years last birthday) IF UNDER 1 YEAR IF LINOFR 24 HRS MONTHS HOURS Male White 69 YRS. 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED papers. ₹ WIDOWED T Maryland U.S. DIVORCED Montgomery and completely filled remave carban paper and in any event, within 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during mast of working life, even if retired) INDUSTRY Transit Takoma Park Washington San & Hosp. 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 136 COUNTY
V Prince Georges YES 🗔 NO 7170) Chilcoate Lan 14. FATHER'S NAME Middle First Lost 15. MOTHER'S MAIDEN NAME First and Last Henry Barrett Mary C. Cook physician of please requires that the death certificate 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Same 8.5 Yes, na, or unknown) (If yes give war ar dates of service) burial, crematian, ar removal, (Dau.) Mary KXX I. Miller APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MRDIAC IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF HEMORRAGE Conditions, if any, which gave) rise to immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause. ENSLOW PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the b f Health priar ta b TO FUNERAL DIRECTOR: After this certificate has been TO HOSPITAL OR ATTENDING PHYSICIAN: The law 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO F 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year detached f te Dept. of l P.M. (If either, natify medical examiner) be detached State Dept. of 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while 220. I certify that (1) (this haspital) attended the deceased from 4be retained by saw the deceased olive on 4-22 1969, and that in (my) (our) apinion death occurred on the date ond hour and fram the directar, page 3 shauld shauld be filed with the couses stated abave (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS UNIU NAME (Type) 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)_ Gate Of Heaven Wheaton. Maryland **EUNERAL DIRECTOR ADDRESS** 2So. REC'D BY REGISTRAR Wash.,DC 2Sb. REGISTRAR'S SIGNATURE Milarles Judges 1661- Good Hope Rd. SE 1969 Bros.

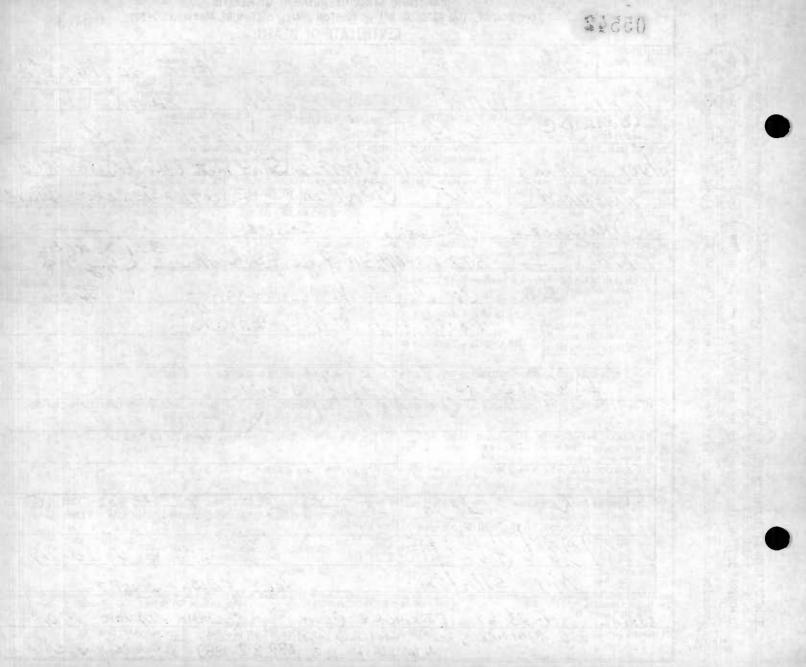
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05540	DIVISION OF VITAL RECORDS,	CERTIFICATE OF DEA		05534
/T	rst Middle	BEALL BEALL	2a. DATE OF DEATH	14 Dgy 1969 10 A
3. SEX FEMALE	4. RACE WHITE	S. DATE OF BIRTH Februar	y 17, 1880 6. AGE (In last birth	n years if under 1 YEAR if under 24 HR. hday) MANTHS DAYS HOURS MI
70. BIRTHPLACE (Stote or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgomery	
10. CITY OR TOWN OF DEATH Bethesda	11. NAME OF HOSPITAL OR IN give street oddress) Tuntin	ston Parkway	20. USUAL OCCUPATION (Kind of w uring most of working life, even i Homemaker	work done if retired.) 12b. KIND OF BUSINESS OR INDUSTRY None
13a. USUAL RESIDENCE (Where decodersission) STATE Maryla	eosed lived, if institution: Residence befare nd 13b. COUNTY Frederick	13c. CITY OR TOWN 13d. INS	NO 342 Eas	NUMBER st Third Street
14. FATHER'S NAME First Curtis	Middle Lost Michael	IS. MOTHER'S MAIDEN Mary		Middle Lost Williams
16g. WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b. SOCIAL SECURITY	NO. 17. INFORMANT		Address Bethesda, Md. Huntington Pkwy.
Conditions, if ony, which go rise to immediate cause (a stating the underlying causes). PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF	R CHRCINOM	IA OF RECTU	
STIFICA	9b. CONDITION FOR WHICH OPERATION WAS P	YES 🗀	NO CAUSES OF DEATH	
☐ OR CONTRIBUTING ☐ CAUSE OF	DEATH HOUR A.M. Month Doy Year	9	D (Enter nature of injury in Part 1	
While Nat while at wark	Te. PLACE OF INJURY (AT HOME, FARM, STREET, FA			County Stote
saw the deceases	(t his hospit al) attended the decease alive an	1967, and that in (my) (a	ur),opinian death accurred	an the date and havr and fram t
22d. PHYSICIAN'S NAME (Type) Dr.	Joseph Mark	22e. ADDRESS	MED. STAFF PHYS.	22c. DATE SIGNED 4/23/69 East Sil. Sp. Md.
23a. BURIAL, CREMATION, 23 REMOVAL (Specify) BURIAL	Bb. DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or	Tawn) (Caunty) (State)

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H DEPT.		ype ar Print)	Fir Ma ry	st		Middle V.		I	lost Beard	1		OF	KNOWN ESTI- MATED	Month	Day 4	Year 1967	26. HOUR 2 A M
Deportmento	3. SE	x F	4. RACE Negro	S. DATE (6. AGE (In year last burthday) 68 y	MONTHS	DAYS	IF UNDER HOURS	24 HRS. MIN.	2c. DATE	PRONOUNCEI	Day 1	Ye	oar 1969	2d. HOUR 2: 30M
d far your files. TOR: Page 3 should be used as a burial-transit permit. Eile pages 1 and 2 with the State Depointial, crematian, ar removal, and in any event within 72 hours after death.	7a. 8	SIRTHPLACE (State	or fareign	7b. CITIZEN C		JNTRY?		ARRIED [_	9. COU	NTY OF DI					
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after death.		USUAL RESIDENC Imission) STATE		osed lived, if 13b. COU		Residence b	efore 13c. Cl	Y OR TOWN	13	YES N		744	Giran Giran	d St	., 1	w.	
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		es, no, or unknow		ve war or dates of se		OCIAL SECO	MIT NO.			Lucie	n Ba	nnist		33			
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2		PART 1. D	EATH WAS CAUS	ED BY: IATE CAUSE (a)	_ C	eret:	ral	Henr	055	450	ار .		4124			81/2/	4.
in any event within 72		Conditions if a	ny, which gave		O, OR AS A		CE OF		1	Die	200					1221	- <
		rise ta immedi	iate couse (o),	(b)	O, OR AS A	-		3500/	21	0134	- 63 \			7	1		
		stating the underlying couse Due 10, ok as a consequence of (c)															
		PART 2. OTHER S	and the same of	cture		DEATH BU		D TO THE TE	RMINAL D	ISEASE OR	CONDITIO	N GIVEN II	N PART 1(a)				
4	CERTIFICATION	190. DATE OF O	PERATION			CONDITION WAS PERFO	FOR WHICH (PERATION			100				1	20. AUTOPS	
1	RTIFI	01 - EVECTORAL	CALIECTURE	1031 711	ME OF INJURY			01. 110111	ALILIDY OC	CUDDED (F	400 4			0 4 0 1	10.1	YES _	NO 💢
	CALC		R CONTRIBUTING		UR A.M.	1/2/	1969	der.	11 et	0		1	in Part 1 a		item 18.,		
-4	MEDICAL	21d. INJURY OCC	CURRED 21e	PLACE DF INJ	URY (At hor	ne, farm, st		21f. LOCATIO					ar Town	year	Caur	nty	State
	9	AT WORK A	OT WHILE	Home)		37	15 G	herry	Cha	sefak	D2, 5	ethes.	daM	lonkin	ery Md
	3		certify that I	-								pectian	Grand .	quiry 🛚		and in m	ny opinion
	8	death re	sulted fram:	Naturol	causes	, Acc	ident 🛛	Suicide		Homicio			termined	monner			
8		ACTUAL	0_	In e	Be	00				EF MEDICAL ISTANT MED				22b. DATE	SIGNED) .	
3		SIGNATURE EXAMINER'S	1	777						UTY MEDICA			- / 1	apri	if 4	196	19
2		NAME (Type)								RESS(Stree							1
0	23a.	RIMOVAL (Speci		DATE	16	23c. NAA	NE DE CEMETE	RY DR CREM	ATDRY		23d.	LOCATION	(City or To	wn)	Count	(Y) {	State)
34	24.	FUNERAL DIRECTO	OR a	7-0	TS6	DAN	ADDRESS C	les	nite	DATE AP	D BY RE	GISTRAR	CO 25b. B	E CONS	A NA	Ulgandy	L.
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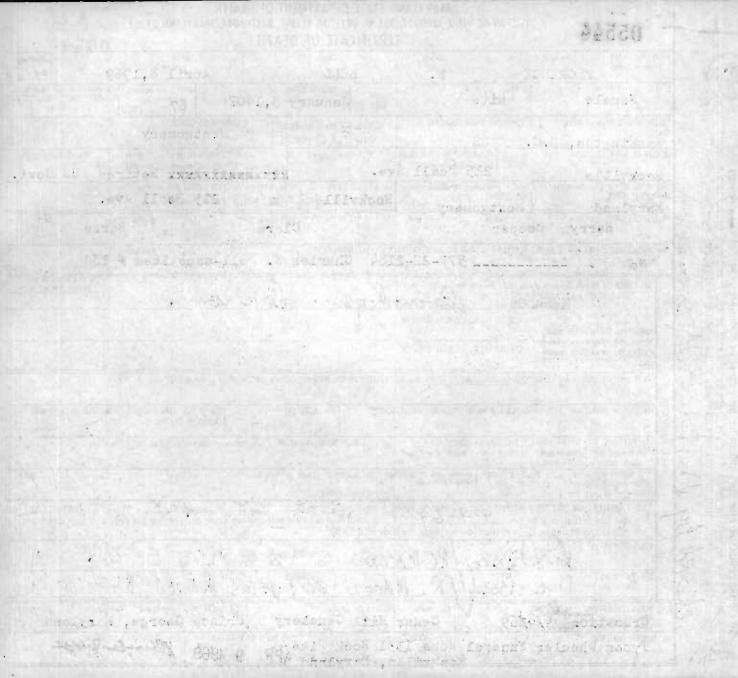
MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05542 05536 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR death. 40 Manth Day (Type or print) Yeor executed within 24 hours after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years lost birthday) IF UNDER 1 YEAR IE UNDER 24 HRS. the attending physician and company, and papers. Pages I completely filled in by the MONTHS T DAYS HOURS YRS CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED DIVORCED [WIDOWED [11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 125. KIND OF BUSINESS OR give street address) during mast of warking life, even if refired 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13cm CLTY OR TOWN 13b. COUNTY YES 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Sara Maurice The low requires that the deoth certificate. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO 17. INFORMANT Yes, na, arrunkhawn) (If yes give wor or dotes of service) cremation, or removol, 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by the burial-tronsit p Canditions, if ony, which gave rise ta immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retoined by the hospitol or attending physicion. stoting the underlying couse lost. burial, PART 2. OTHER SIGNE CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) detached for use as the te Dept. af Health prior to this certificate has been 19b, CONDITION FOR WHICH OF ENATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. **AUTOPSY?** CAUSES OF DEATH? NO N 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor P.M. (If either, notify medical examiner) be detached State Dept. c 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while O FUNERAL DIRECTOR: After 220. I certify that (1) (this hospital) attended the deceased from_ 196 and that in (my) opinion death occurred on the date and have and fram the saw the deceased alive on. director, page 3 should should be filed with the couses stated abave. (1) (we) (did) (and nat view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DEGREE DIRECTOR PHYS. PHYS. 22d, PHYSICIAN'S 22e. ADDRESS NAME (Type) CROBS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23a. BURIAL, CREMATION, 23b. DATE (Stote) REMOVAL (Specify) FT. LINCOLN COLMAR MANOR BURIAL ADDRESS 1400 ChapiN ST. 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR CHAMBERS VR A15 (4) ARR 2 Municipales Gordel N.W. WASH. D.C.



N		MARTLAND STATE DEPARTMENT OF HEALTH
1		05543 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120105537
1		CERTIFICATE OF DEATH
	٠ 2 ٢	1. DECEASED-NAME First Middle Lost - 2a. DATE OF DEATH 2b. HOUR
	ral nd nd	(Type or print) // DD (1) Day Vgor 2 2/4/10
	de de	Helley 17 Deletting 4 22 1969 A
	fter ffer ffe	3. SEX S. DATE OF BIRTH 6. AGE (In years Funder Year Funder 24 Hrs.
	urs after death yy the funeral Rages F and urs after death	MA/E White 3-18-86 Starthday) YRS. MONTHS DAYS HOURS MIN
	and and	7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED (VIEWER MARRIED) 9. COUNTY OF DEATH
•	4 h	Country) mich U.S.A WIDOWED DIVORCED Montgomery
4 - 5	n 2 Illed pap	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (KIND OF WORK done 12b. KIND OF BUSINESS OR
	重 気景力の	give street address) / 4/ Iduring most of working life even if rating d. INDUSTRY
	arbertel w	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 135. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
	e executed within 24 haurs after death. and campletely filled in by the funeral remove carbon papers. Pages F and 2 n any event, within 72 hours after death.	admission) STATE 7 0 136. COUNTY VISTO NOT LIGHT TO THE STATE AND NOMBER
	Xect	14. FATHER'S NAME First Middle Last IS MODIFFE S MAIDEN NAME First Middle Last
	ren 3	tusi
	and in din	HENRY - BELDING N/A
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Address
	The law requires that the death certificate attending physician. has been signed by the attending physicianse as the burial-transit permit. Then bleas the priar ta burial, crematian, ar remaval, and	NO - 577-03-0907 Dife Mes Nellie 7 Belding
	The The	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONE AND DEATH
	ath indir	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) TOUTE Caudiac tailure
	de de erm	4409 DUE TO, OR AS A CONSEQUENCE OF
	the c	Conditions, if any, which gave)
	y # y	rise ta immediate cause (a), (b)
	A by the contract of the contr	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
	y Sie	
	ph sig	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
	w r ling een een the r ta	E Polmonzoy Cuping em 2
	ence ence s b as	19d. Date of Operation 19b. Condition for which operation was performed 20o. Autopsy? 20b. If yes, were findings considered in certifying
	at a stay	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? YES NO CAUSES OF DEATH? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	are are	
	ATTENDING PHYSICIAN: stained by the haspital ar GTOR: After this certificate should be detached for ith the State Dept. of Hea	G (If either, notify medical exominer) HOUR A.M. Month Day Year
	dsp cert cert hec	21d, INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME, FARM, STREFT, FACTORY.) 21f IOCATION Street or R.F.D. No. (ity or Town County State
	PH e h nis nis Dep	While Not while \\OFFICE BUILDING, ETC.
	of the state of th	
	Aft be	22a. I certify that (I) (this hospital) aftended the deceased from 1927, and that in (my) (eur) apinion death accurred an the date and hour and from the
	TEN need the	causes stated abave, (1) (1) (1) (did nat) view the bady after death.
	A Special	22b. SIGNATURE 22c. DATE SIGNED
	d × 3 8 8 9	Charles Cup degree PHYS. DIRECTOR STAFF 4-27-69
	V b y b d y	22d. PHYSICIAN'S O 1) 1/4 / 22e. ADDRESS/ / CM A / A// V = 2
	RA Pe	NAME (Type) C. Koger Kurtz, M. O 3701 Councetrus ove au llah. IC
	TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed and be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and conditioning the properties of the physician and conditioning the physician and in any should be filed with the State Dept. of Health priar to burial, cremation, ar remayal, and in any	
	oggrandine dire	- DEMOVAL (Consider)
	5 5	TOURING 19725 167 INOCK CREEK CEMI VY 7371/0010/010/010/010/010/010/010/010/010/
	VR A15 (4)	CIRCUMISCONISTA TIVE ADD OF 4000 Million to the same
	45M - 1/69	JOS. GAWLER'S SONS, WASHINGTON, D. C. DATEPR 25 1969

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05538 DECEASED-NAME Middle Lost 2a. DATE OF DEATH First 2b. HOUR executed within 24 hours after death. (Type or print) April 8,1989 FLORENCE M. BELL 4. RACE White 3. SEX S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years IF UNDER 24 HRS. completely filled in by the foods corbon papers. Pages event, within 72 hours after Female lest birthday) January 5,1902 OAYS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED country) Montgomery WIDOWED | DIVORCED [Washington, D.C. US and completely filled remove corbon pape 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY give street eddress) during most of working life, even if retired.) INI Govt. Rockville 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE 215 Beall Ave. 13b. COUNTY Rockville YES NO Maryland signed by the ottending physicion and to buriol-tronsit permit. Then please remov buriol, cremation, or removal, ond in any 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First First Middle Last Middle Barse Harry Hooper Clara requires that the death certificate be 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 577-22-2184 Charles N. Bell-same item # Yes, no or unknown) (If yes give war or dates af service) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF attending physicion. stoting the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to OR ATTENDING PHYSICIAN: The low 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🗌 NO | TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 moy be retained by the hospital or 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at wark 22a. I certify that (1) (this haspital) attended the deceased fram 7-28, 1968, ta saw the deceased alive an____ -4-69 19 _, and that in (my) (aur) apinian death accurred an the date and hour and fram the causes stated above, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF ON DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e, ADDRESS NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. (County) 4/8/69 REMOVALISMENT On Cedar Hill Cemetery Prince George, Maryland Rock Pike 25a. REC'D BY REGISTRAR NERAL DIRECTOR Wheeler Funeral Home 1331 24. FUNERAL DIRECTOR 30M REV. 1148 Rockville, Maryandd APR 1969



-	THE WET SAME	MARYLAND STATE DEPARTMENT OF HEALTH
6		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
-	1 m	05545 CERTIFICATE OF DEATH 05539
	表が記載	1. DECEASED-NAME First Leon Middle Los Cenefiel 20. DATE OF DEATH 2b. HOUR
	B (B B)	(Type or print) BOXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	± 5-75	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 HRS.
	completely filled in by the tweety, within 72 hours aft	MALE White Feb. 22, 1892 Jost , bighdoy) YRS. MONTHS DAYS HOURS MIN.
	hour by s. Four	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
	24 in per 172	COUNTRY) Jiana U.SA-America WIDOWED DIVORCED Montgomery Md.
	量量7/	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street, oddress) 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 13b. KIND OF BUSINESS OR during most of working life, even if retired.)
	wil wil	TAKOMA PARK give street oddress) ULL SHINGTON SANT HOSD. RETURE L. Supus. 130. USUAL RESIDENCE (Where deceosed lived of institution: Residence before 13c. CITY OR TOWN Add INSIDE CITY LIMITS? 13e. STREET AND NUMBER
	executed comple emerged any event	odmission) STATE WEST AND NOMBER NO. 136. STREET AND NOMBER NO. 16031 Jerald Rd.
	exec em co	14. FATHER'S NAME First Joel Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
	be ex	LEON XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	physicion on please tovol, and i	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. ocuniknown) (If yes give war or deplays of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address
	physen postol	VES WUT . HOSPITAL RECORDS.
	ottending permit. The ion, or remo	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: APPROXIMATE INTERVAL BETWEEN DISSET AND DEATH
	offendi offendi permit.	IMMEDIATE CAUSE (0) Coulographary thomas I he
	he of per tion	Conditions, if only, which gove) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove)
	of the nsit profile	rise to immediate couse (o).
	N: The law requires that the or attending physicion. The has been signed by the use as the burial-transit solf prigr to burial, cremate the contract of the co	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF COLORS (c)
	physisian sign surice ourients	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
	ing ing the rto	Z Certal Thumbox's 1964+1966. Recent Viral Infliction & astheria
	The law ratending e hos been use os the olth prior to	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? YES NO CAUSES OF DEATH? 216. ACCIDENT WAS UNDERLYING 1216 TIME OF INITIEY 1216 HOW INITIESY OF INITIES OF INIT
	The se had a fine	YES NO
	IAN: ral o ficati for Hec	
	SSC Spirit Spirit To ded	GOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote
	Poge 4 may be retained by the hospital or attending physicion. To FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 shauld be detoched for use as the burial-transit permit. Then please lemovacabon papers. Pages Land 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any evept, within 72 hours after Dept.	While Not while of work of work
	by the state of th	22a. I certify that (I) (this haspitol) attended the deceased from 1968, to 1969, that (I) (we) lost sow the deceased olive on 1969, ond that in (my) (our) opinion death occurred on the date and hour and from the
	R: A Hill He	sow the deceased olive on 1967, ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did nat) view the bady after death.
	ATI Sharing to the state of the	22b. SIGNATURE 22c DATE SIGNED
	De robe robe robe robe robe robe robe rob	A DIRECTOR D
	AL AL	22d. PHYSICIAN'S Anex Leventho M.O. 9210 Coles ville La Silver Social M
	4 moy NERAL Hor, poor	
	O HOSPITAL OR ATTENIOPOGE 4 moy be retained of FUNERAL DIRECTOR: A director, poge 3 shauld should be filed with the	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Signe) Survival Sparity 4/14/1969 Gate of Heaven Cemetery Silver Spring, Maryland
		24 CUNEAR PIRECTORNIER (ISLANDERS PARCET BY REGISTRAR 25h REGISTRAR'S SIGNATURE
	VR A15 45M - 1 89	Warner E. Pumphrey, Inc. 8434 Ga. Ave. Sil. Spg-APR 17 1969 (Charles Judge :

Carli The Market Company of the Company of Committee to the state of the state of Company Constant work in the same control is the property of the same of Billioner I. Penhang Saco Will Sa. Ave. Sil. Sec. Will I Million Weener

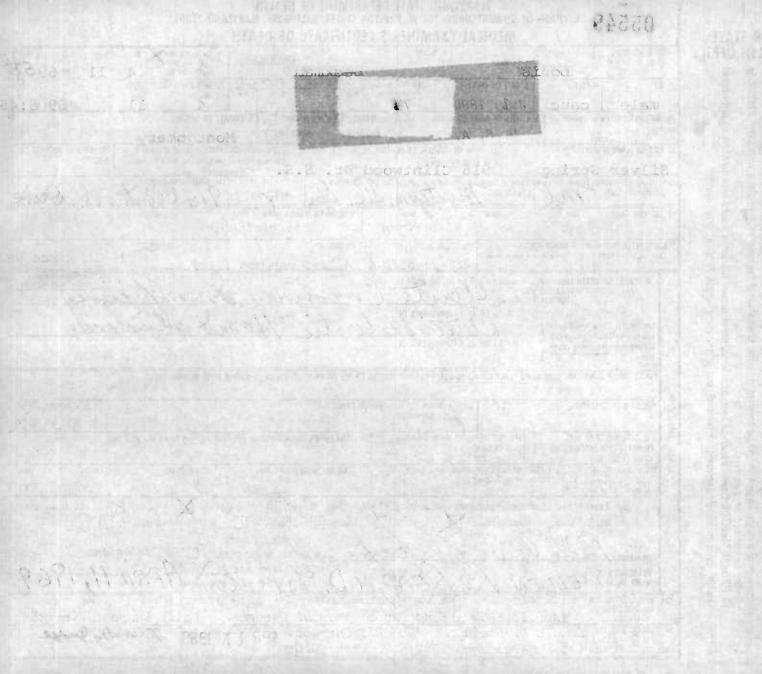
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05540 05546 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR (Type or print) WILLIAM BENJAMIA 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS IF UNDER 1 YEAR please remave carban papers. Pages MALE lost birthday) MONTHS HOURS WHITE 1884 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED and completely filled in 4.5.A. MONTGOMER MICHIGAN WIDOWED P DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during mast of working life_even if retired.) INDUSTRY burial, crematian, ar remaval, and in any event, wit SILVER SPRING SAME COLONIAL 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY PHENNANT CARRY 3452 CHISWICK mo. requires that the death certificate/be execu 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First BENJAMIA THOMAS DECKER WILHELMINA physician 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknawn) (If yes give war or dates of service) MAS. MARJORY APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line far (1), (b), and (c); BETWEEN ONSET AND OFAT PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 should be detached far use as the shauld be filed with the State Dept. of Health priar to ₹9a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES | NO V 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day P.M (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town Stote Caunty While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from. _1961, and that in (my) (aur) apinian death accurred an the date and hour and fram the 3-28 saw the deceased alive an_ causes stated above (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION OCATION (City or Town) County 2So. REC'D BY REGISTRAR VR A15 4 DATE APR 30M REV. VIVAS

4		The second second	7/2/69 v	MAKYLAND	STATE DEPARTI 01 W. PRESTON S	MENT OF HEA TREET RAITIMO	LTH ORF MARYLAND	21201	,
COST SOL	0554				RTIFICATE OF		ME, MARTERIED	0554	1
death.	DECEASED NAME (Type or print)	First]	Peter 14/11/A	Middle B'	Last	2	a. DATE OF DEATH Month	Pay Yes	2b. HOUR
cuted within 24 hours after ampletely filled in by the furve corbon papers. Pages event, within 72 hours after	3. SEX .		A. RACE	te	S. DOTE OF	BIRTH 19-6	6. AGE (In last birth	years and an if under the months and years wonths and years are the months and the months are the months and the months are the months and the months are th	YEAR IF UNDER 24 HRS. DAYS HOURS MIN
24 hou d in b pers. 72 hou		land	b. (ITIZEN OF WHAT O	OUNTRY?	MARRIED NEVER MA	ARRIED 9. CO	ounty of DEATH	my	Md.
executed within 24 hc. and completely filled in remove corbon papers. cany event, within 72 h	10. CITY OR FOWN	Tenda	give street	address) au	TUTION (If not in hospital		CCUPATION (Kind of w if worki ng life, even I		ND OF BUSINESS OR
completely ove corbon y event, with	136. USUAL RESIDEN admission) STATE	CE (Where deceased many land	lived, if institution: 13b. COUNTY	Residence before 1	Rockinle	13d. INSIDE CITY EIMITS?	13e. STREET AND N	UMBER	You Drine
be exe	14. FATHER'S NAME	olera o	hudwig	Bus	IS. MOTHER'S M	Shanon Name First	Ritt	Middle	O Lost
equires that the death certificate be exemply sician. Signed by the attending physician and commit of the place temporarial, cremation, or removal, and intany	160. WAS DECEASED Yes, no, or unkno	EVER IN U.S. ARMEI wn) (If yes give war	D FORCES? or dates of service)	SOCIAL SECURITY NO	17. INFORMANT	9	1612 Flow	Address Valley	Marche uly
ne death certifing after a continue of the con	18. CAUSE OF PART I. I	EATH WAS CAUSED I	one cause per line for BY: CAUSE (a)		valeo i e			BETY	PPROXIMATE INTERVAL WEEN ONSET AND OFATH 162 hours
nt the de the atter sit perm nation, c	771, Conditions, if	any, which gave)	DUE TO, OR AS A	-					16½ hours
aquires that the physician. signed by the burial-transit burial, cremat	rise ta immed stating the un last.	diote cause (o), nderlying cause	DUE TO, OR AS A	CONSEQUENCE OF	e compress		biliael oc		102 neurs
requirent physical ph	between the	SIGNIFICANT CONDI	ITIONS CONTRIBUTING	TO DEATH BUT NOT	RELATED TO THE TERMIN	AL DISEASE OR CONDI	TION GIVEN IN PART 1	(a)	
The law requires the attending physician. has been signed by se os the buriol-tror the priar to burial, cre	19a. DATE OF O	PERATION 19b. CO	INDITION FOR WHICH O	PERATION WAS PERF	DRMED 20a. AUT		20b. IF YES, WERE CAUSES OF DEATH?	FINDINGS CONSIDERED	IN CERTIFYING
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour be retained by the haspital or attending physician. NIRECTOR: After this certificate has been signed by the attending physician and completely filled in by estimated by the other please remove corbon papers. Pes a should be detached far use as the burial-transit permit. Then please remove corbon papers. By with the State Dept. of Health priar to burial, cremation, or removal, and incany event, within 72 hour	S OR CONTRIBUTI	WAS UNDERLYING NG CAUSE OF DEATH y medicol examiner	21b. TIME OF INJU HOUR A.M. Mo	JRY onth Day Year			ure of injury in Part 1	ar Part 2, Item 18.)	
NNG PHYSICIAN by the hospitol ffer this certifica be detached far state Dept. of He	While Mat	CCURRED TOTAL DI		DME, FARM, STREET, FACTOR E BUILDING, ETC.	21f. LOCATION Stre	eet ar R.F.D. Na.	City or Tawn	Caunty	State
NDING d by the After d be d d be d	22a. I certi	fy that (I) (this	hospital) attende	d the deceosed	from formation (nd) ofter deoth.	19, 19 6 my) (aur) opiniar	ta Coursed a	191969, t	thot (I) (we) last
OR ATTEND be retoined JIRECTOR: A e 3 should ed with the	22V SIGNATUR		(I) (we) (did) (did	not) view the bo				22c. DATE SIGNE	D
ITAL OI moy be RAL DIR , poge be filed	238. PHYSICIAI NAME (TY	1.2	ser d	n m	DEGREE ATTEND PHYS. 22e AD	DRESS	OR STAFF PHYS. E	•	19,1969
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us should be filed with the State Dept. of Healt	230. BURIAL, CREMA	ition, 23b. DA	TE 3/69	23c. NAME OF CEL	METERY OR CREMATORY	ery 23 _F	d. LOCATION (City or To	own) (County) Maryland	d (%)
VR A15	24. FUNERAL DIRECT	TOR		ADDRESS	Rock Pike	2Sa. REC'D BY REC	GISTRAR 2Sb. RI	EGISTRAR'S SIGNATURE	
45M - 1/89	Tyson W.	Teerer I	uneral mo	me 1771	-OCK TIVE	APR 24	1969 1	lisales Ju	dela.

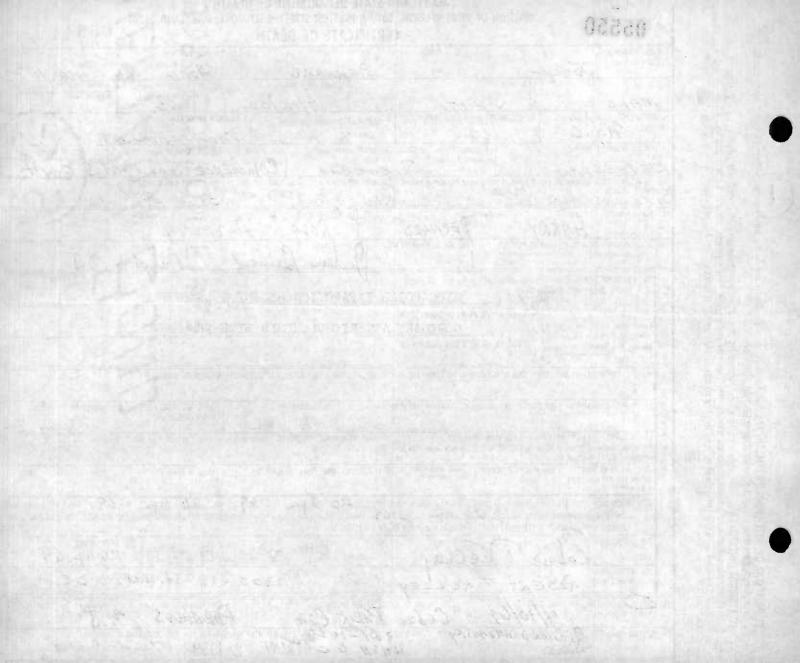
MAKTLAND STATE DEPARTMENT OF HEALTH 05548 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05542 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH remove corban papers. Pages 1 and 2 ong 2 ong 2 ong 2 ong event, within 72 hours after death executed within 24 hours after deoth Manth 4 Doy 26 Year 69 completely filled in by the funeral tove corban papers. Pages 1 and (Type or print) BERTHA NMN BERNHARD 4. RACE IF UNDER 1 YEAR 3. SEX S. DATE OF BIRTH 6. AGE (In years last birthday) YRS. HOURS 9-4-36 FEMALE WHITE 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7p. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED IOWA U.S. MONTGOMERY WIDOWED [X] DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital buriol, cremation, or removal, and in ony event, within 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESSOR give street address) MONTGOMERY GENERA during mast af warking life, even if retired.) OLNEY 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY MONT GOMERY SANDY SPRING MARYLAND YES 😿 NO FRIENDS HOUSE IS. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME First Middle Lost LEWIS VIOLET LYDIA JENKS requires that the deoth certificate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. Yes, ng. gr unknown) 220-34-8515 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) - TERMINAL REMIA PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF PLEMORPHAGE-FOUTING signed by the buriol-transit p Canditians, if any, which gove) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause ERIOSELEROSIS -GENERALIZED PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health priar to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 Poge 4 moy be retained by the hospital or 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) TENDING PHYSICIAN OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED State City or Town County While Not while at wark ___1969, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR 77 EGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) BURTONSUILLE mL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) STREET, CREMATION, 23b. DATE (County) (State) Remodal (Specify) LEE FUNERAL HOME WASH. 0 25b. REGISTRAR'S SIGNATURE -ADDRESS VR A15 (4) Ocharles Jardel 30M REV. 1/68 1969

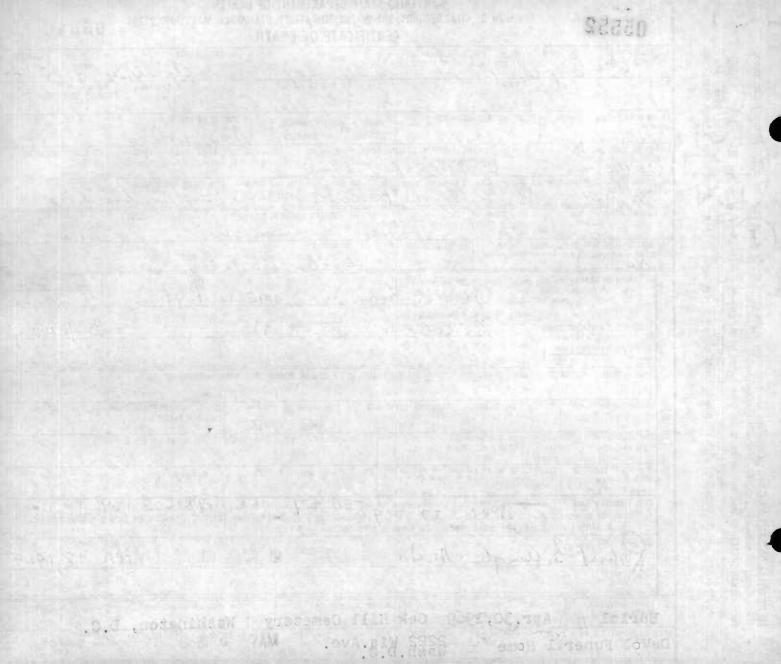
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05549 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05543 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle 20. DATE KNOWN Month SAMUEL BERKMAN (Type or Print) any delay is 2, and 3 ta PM3. Page XXXXXXX BYXXXXXXX DEATH MATED the State Department 6. AGE (In years IF UNDER 24 HRS. 3. SEX 4. RACE 5. DATE OF BIRTH 2c. DATE PRONOLINCED DEAD Yeor July 1890 male cauc YRS 7b. CITIZEN OF WHAT COUNTRY? MARRIEDX NEVER MARRIED 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH along with farm country) U. S. A WIDOWED I DIVORCED RUSSIA Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) 916 Clintwood during most of working life, even if retired.) **INDUSTRY** Silver Spring Campenter 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR, TOWN) odmission) STATE 13b. COUNTY Office after 14. FATHER'S NAME Middle IS. MOLHER'S MAIDEN NAME First Berkman Mayer Unascertainable to certificate, writing the word "pending" in pencil in-should be farwarded to the Chief Medical Examiner's bages haurs 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, no, or unknown) 916 Clintwood Dr. Albert Berkman (son) 225-05-3462 File Silver SPI L KEGOXIMAN MICHOVAL within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (o), any shauld DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) D removal, CERTIFICATION 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [D 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) shauld PRIMARY OR CONTRIBUTING HOUR A.M cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy ... Inspection Inquiry D ond in my opinion deoth resulted fram: Natural causes Accident / Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral EXAMINER'S 5 may O FUNE Health NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION 23d. LOCATION (City or Town) (County) Apr. 13, 1969 King David Memorial Garden Falls Church, Virginia 232 Carroll 250. PB BBY REGISTRAP 369 256 POLEAR SANATULE 24. FUNERAL DIRECTOR Donald M. Stein VR A15ME (5) Hebrew Memorial Funeral Home St., N.W. Wash., D. GDATE 10M REV. 1/68



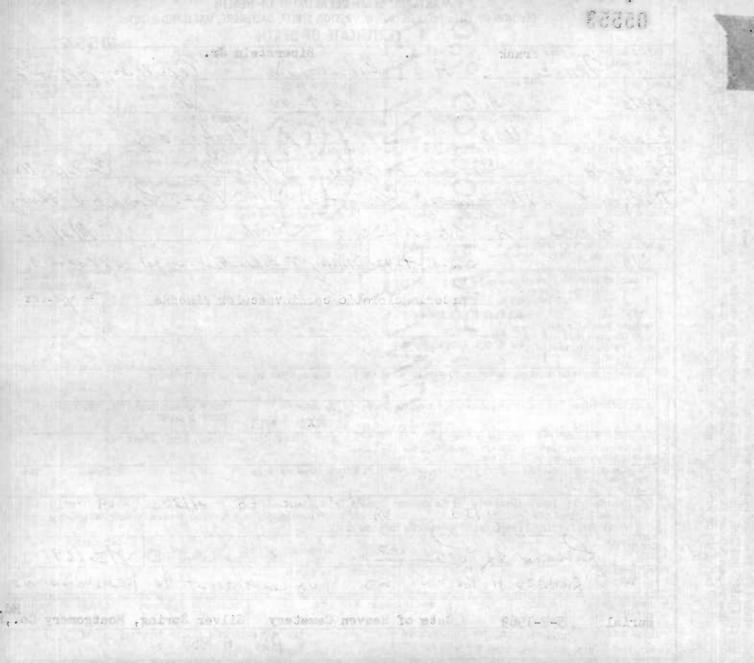
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		05550	DIV	ISION OF VITAL RECORDS				E, MARYL	AND 21201	0==-	
		00000		CERTIFICATE OF DEATH						0554	4
		CEASED-NAME	First	Middle		Last	20.	DATE OF DEA	TH .		2b. HOUR
	(Ty	rpe or print)			2_			1	Month Day	y Yeor	10 P
	3. SE)	Jose		RACE		RNARD		MAR	14 26		
1			4.	KACE	11	DATE OF BIRTH	1	6.	AGE (In years ast birthday)	MONTHS DAYS	IF UNDER 24 HRS
L		MALE		WHITE		9/12	102		66 YRS.		
	7o. Bi	RTHPLACE (Stote or foreign	7b. CI	ITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COL	JNTY OF DEA	ATH		
4	COOM	" N4.C	-	use.	WIDOWED	DIVORCED	=	hour	90 mer		A
1	10. CI	TY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR II	STITUTION (If no	in hospitol 1	2a. USUAL OCC	UPATION (Kir	d of work done	12b. KIND OF E	RIISINESS OR
I	3	ETHESDA		give street address)	A of to	d	luning most of	warking life,	even if retired	2 INDUSTRY	14
ī			eceased live	ed, if institution: Residence befare	13c. CITY OR		ISIDE CITY LIMITS?		AND NUMBER	0113.6	14.4.
7 0	admis	sian) STATE TRICT 05 Colum	/31	b. COUNTY	WASHI	VEC		2117	3075	4, mm	
		THER'S NAME First	13.74	Middle _ Lost			MANE CO.	134-16			
П	17. 17	LIA	PDV	BERNARD	15.	MOTHER'S MAIDEN		20.4	Middle		Last
-	1/. 1	TATI	10/		112 11	ROSA	MM	BRUN			
- [WAS DECEASED EVER IN U.S s, na, or unknown) (II yes	give wor or date		NO.	ORMANT A	1		R Address	27	
Ŀ	-				Ja	Luces. /20	emary		delation		
1	- 1	18. CAUSE OF DEATH (Ent	er anly ane	cause per line far (a), (b), and (c).)		36	TIVES.			NATE INTERVAL ISET AND DEATH
		PART I. DEATH WAS C	AUSED BY: MEDIATE CAL	ISE (a) MYOCARD	IAL INFA	RCTION R	RECENT 8	REMO	TE		
		4109		DUE TO, OR AS A CONSEQUENCE OF				1100			
		Conditions, if any, which g	ave)			OSCLEROS	STS WITH	THRO	MBOSTS		
		nse to immediate couse		OUE TO, OR AS A CONSEQUENCE OF		COODE	7-11-12 VIAL 1-1	I IIII	IDOULD		
		stating the underlying ca last.	use	(c)							
9			CONDITION	IS CONTRIBUTING TO DEATH BUT I	OT DELATED TO	FUE TERMINAL DISE	ACE OR COMPLE	ON ONEN IN	DART IV		
		TAKT Z. OTTIEK SIGNIFICAN	CONDITION	S CONTRIBUTING TO DEATH BUT I	OI KELATED TO	THE TERMINAL DISE	:ASE OK CONDITI	ON GIVEN IN	PART I(a)		
	NO.	Da DATE OF OPPOATION	10L COMPLE	DON FOR WHICH COST TION		Lea		Teat			
,	S	9a. DATE OF OPERATION	TYD. CONDIT	TION FOR WHICH OPERATION WAS P	ERFORMED	20o. AUTOPSY?		CAUSES OF	WERE FINDINGS (ONSIDERED IN CE	RTIFYING
1	CERTIFICATION					YES 🔀	NO 🗌				
		21a. ACCIDENT WAS UNDER ☐ OR CONTRIBUTING ☐ CAUSE O		21b. TIME OF INJURY HOUR A.M. Manth Doy Year	21c. HOV	INJURY OCCURRE	D (Enter nature	of injury in	Part 1 or Port 2,	Item 18.)	
	MEDICAL	If either, natify medical e	cominer)		9						
		21d. INJURY OCCURRED	21e. PLACE	OF INJURY (AT HOME, FARM, STREET, FA	CTORY,) 21f. LOC	ATION Street or R	R.F.D. No.	City or T	0wn	County	Stote
	0	While Nat while of work		COTTLE BUILDING, EIC.							
		22a. I certify that (1)	(this hos	spital) attended the deceas	ed from	OAM	1969	to 0/	Am 10	69 that	(1) (wa) la
1		saw the decease	d alive a	pital) attended the deceas	1969, and	that in (my) (a	ur) opinian o	eoth accu	rred on the da	te ond hour a	nd from th
1	- 1	causes stated at	ove, (I) (we) (did) (did nat) view the	bady after de	ath.					
	1	22b. SIGNATURE	\ (0/0		ATTENDING	/ MED			DATE SIGNED	. 0
1		Col	en	1 Kelles	DEGREI	PHYS.	MED. DIRECTOR	S PH	AFF Sys.	26 Apr 6	,9
	1	22d. PHYSICIAN'S	Like		Mary V	22e. ADDRESS	12. 2	1 C. M	St. NW.	7/	
		NAME (Type) Po	BER	T T KELLEY			1302	-18.7	ST. NEU,	Dć	•
2	23a. 4		3b. DATE	23c NAME OF	CEMETERY OR C	REMATORY	23d-	LOCATION (C	ity ar Town)	(County)	(State)
		REMOVAL (Specify)	4/30,	169 Ceda	- PARK	Com.	1	ARAM	US.	n.T.	(5.5.5)
2	24. FI	UNERAL DIRECTOR BEK	MARD	DANZHNSRY ADDRESS	3501-	4 6 SM 250	REC'D BY REGIS		25b. REGISTRAR'S	SIGNATURE	
		Jon	5		WASH.	D. C		1969		as andas	2.
1						UNIT	L. I	.000			





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	9	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		CERTIFICA	TE OF DEATH			05545	y
		CEASED-NAME First ype or print)	Frank Middle A.	0%	lost Biberst	eino. Jan of	DEATH	- 4444	2b. HOUR
		TRANK	H	BIBE	RSteIN W.		Ceprel 3	1969	291
l	3. 5	X	4. RACE		DATE OF BIRTH		6. AGE (In years Jost birthday)		F UNOER 24 HRS. HOURS MIN.
	1	IBIE	White		6-7-00		68 YRS.	mounts out	non,
Ì	/o.	SIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?		NEVER MARRIED	9. COUNTY OF	DEATH		
	10	ITY OR TOWN OF DEATH	US A	WIDOWED	DIVORCED	Molonto	EMERY		Md
			11. NAME OF HOSPITAL OR IN:	A LOUIDIN (IT NOT I	n nospiroi 120. U	most of working	(Kind of workdone life, even if retired.)	12b. KIND OF BU	SINESS OR
		USUAL RESIDENCE (Where decease	ed lived, if institution: Residence before	13c. CITY OR TO	1	Jeson	REET AND NUMBER	Atholi	c Une
	delm	ssion) STATE ACLIFERD	19h COUNTY	Kensing	1) 1000	_	-25 Kenc	(4.)	Alun
		ATHER NAME First	Middle Lost		NOTHER'S MAIDEN NAME		Middle	119700	Lost
		Frank	A BIBERSTE	1	Sgc.		Washington of	Mar	SNE
	160.	WAS DECEASED EVER IN U.S. ARM		NO. 17, INFO	DRMANT	*	Address	1.01	
		es, 10, or unknown) (If yes give w	578-05-4	142 Sh	vlac T. Bi	BERSKIN	- wize -	aldsen	W.
		18. CAUSE OF DEATH (Enter on	y one couse per line for (o), (b), and (c).)	0			APPROXIMAT BETWEEN ONSE	E INTERVAL T AND GEATH
		PART I. DEATH WAS CAUSED IMMEDIA	O BY: TE CAUSE (0) <u>Arterios</u> c	clerotic	cardiovas	cular di	sease	2 ye	ars
		4/24	DUE TO, OR AS A CONSEQUENCE OF						
	3	Conditions, if ony, which gove rise to immediate couse (a),	(b)		The Art of the				
	١,	stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF						
			(c)	OT DELATED TO TE	AE TEDMINAL DISEASE O	P CONDITION CIVE	I IN DADT 1/a)		
	_	THE 2. OTHER SIGNIFICANT CON	CONTRIBUTION TO VEALU DOLLAR	OI KELATED TO TE	IL TERMINAL DISEASE O	ACCINDITION GIVE	THE PART I(U)		
	CERTIFICATION	190. DATE OF OPERATION 19b. 0	CONDITION FOR WHICH OPERATION WAS PE	RFORMED	20o. AUTOPSY?	20b. IF	YES, WERE FINDINGS	CONSIDERED IN CERT	TIFYING
	TIFIC				YES NO	CAUSES	OF DEATH?		
		210. ACCIDENT WAS UNDERLYIN		21c. HOW	INJURY OCCURRED (Er	nter nature of inju	y in Port 1 or Port 2,	Item 18.)	
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	er) P.M. 19						
	ME	21d. INJURY OCCURRED 21e. While Not while	PLACE OF INJURY (AT HOME, FARM, STREET, FAC	TORY.) 21f. LOCA	TION Street or R.F.D. I	No. City	or Town	County	Stote
		ot work ot work					1		
		22o. I certify that (I) (thi	s hospital) attended the decease ive on 4132	ed from Coco	hat of my lauri	68 , to_	1/30 , 19	69 , that (1) (we) los
		couses stoted obove	, (I) (we) (did) (did not) view the	body ofter dec	norm (my) (our) o oth.	phillion aeoth c	occurred on the d	ore ond nour on	a from the
		22b. SIGNATURE		nD	ATTENDING	MCD	STAFF 22c.	DATE SIGNED	
		tilla	no D/oller	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS. D	1/30/69	
		22d. PHYSICIAN'S NAME (Type) RICHY	ARD H. POLLEN	14. D	22e. ADDRESS	100-	- Au le	FISHU	1 10.0
		Klein		mD	10400 CON			الما الما الما	a vinde
	230.	BURIAL, CREMATION, 23b. C REMOVAL (Specify) Burial 5-2		CEMETERY OR CR		7	N (City or Town)	(County)	(Stote) Me
	24.	Burial 15-2 FUNERAL DIRECTOR 10SE	-1969 Gate of	neaven	Cemetery 250, REC'D		Spring,		y 00.
		#130 WISC.	AVE., N. W. WASH., D. C. 200	16	DATEMA	Y 6 19	69 25b. REGISTRAR	read grand	14

MARTLAND STATE DEPARTMENT OF HEALTH

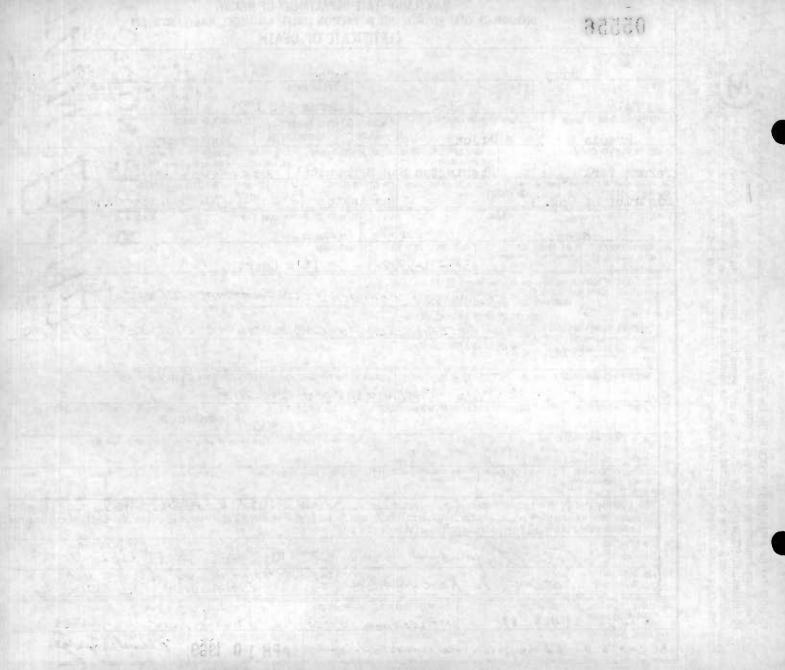


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05554 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle First Last 2a. DATE OF DEATH 2b. HOUR TO be executed within 24 hours after death (Type or print) Manth Margaret Frances Bonta 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR lease remove corbon papers. Pages I and in ony event, within 72 hours after 3. SEX IF UNDER 24 HRS. completely filled in by the t last birthday) DAYS MONTHS HOURS Female White October 1910 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Montgomery U.S.A. WIDOWED DIVORCED Tennessee 11, NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street address) during mast of warking life, even if retired.) **INDUSTRY** Bethesda Center, NIH The Oil Company Credit clerk 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER M38. COUNTY YES Arlington NO [716 N. Tazewell Street Arlington Middle 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First puo Alice Julias Moody Cara May please Bauer requires that the deoth certificate 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO The Medical Record (If yes give war or dates of service) Yes, na, ar unknawn) buriol, cremation, or removol, 085-03-8044 Bethesda Md. 200 The Clinical Center NIH no 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Septicemia hours few DUE TO, OR AS A CONSEQUENCE OF Peritonitis and Diverticulitis signed by the a Canditians, if any, which gave) hours-days (b) with perforation of sigmoid colon rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying cause (a) Metastatic Carcinoma of the breast 9 years PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use os the should be filed with the State Dept. of Health prior to OR ATTENDING PHYSICIAN: The low 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔀 NO 🗌 Yes O HOSPITAL OR ATTENDING PHYSICIAN: 7 Page 4 may be retained by the hospital or 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (N) (this haspital) attended the deceased fram 9 February, 1969, ta 2 April , 1969, that N) (we) last saw the deceased alive an 2 April 1969, and that in (MY) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b, SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. 2 April 1969 PHYS. The Clinical Center, National PHYSICIAN'S 22e. ADDRESS NAME (Type) Itamar B. Abrass Institutes of Health, Bethesda Md. 20014 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (County) (State) 23a. BURIAL, CREMATION REMOVAL (Specify) April 4. 1969 Cedar Hill Crematory 2 Suitland, Maryland 250. REC'D BY REGISTRAR
DATE 9 191 Arlington Funeral HOPPESSE Wooddull 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 1969 Mcharles 30M REV. 1/68 3901 N. Fairfax Dr. Arlington, Va.

MAKTLAND STATE DEPAKTMENT OF HEALTH

MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05556 05550 CERTIFICATE OF DEATH DECEASED-NAME First Middle [ost 2b. HOUR A 20 DATE OF DEATH (Type or print) Month (None Harry Borow Apri 3. SEX 4. RACE S. DATE OF BIRTH IF LINDER I YEAR 6. AGE (In years oon popers. Pages within 72 hours aft last birthday) DAYS March 26, 1893 White Male 24 hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED (X) NEVER MARRIED .⊆ America WIDOWED [DIVORCED | Russia Montgomery filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY

MERCHANT - GASOLING STATION completely fi give street oddress) Takoma Park Washington San & Hospital event, 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER executed ddmission) STATE 13b. COUNTY Washington YES TY NO Hemlock St., NW Col. removol, and in any 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First guo Lost PHYSICIAN: The low requires that the death certificate be Borow physicion of the please BERYL MANNAH 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no grunknown) (If yes give war or dates of service) 579-01-59/12 Pt's Chart APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: myocARDIAL WARRETION buriol-transit permit. burial, cremation, or n IMMEDIATE (AUSE (0) CORUMARY OCCLUSION DUE TO. OR AS A CONSEQUENCE OF ARTERIO SCLEROTIC CARDIOVASCULTE DISEASE Conditions, if ony, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the k f Health prior to b Page 4 may be retained by the haspital or attending IO FUNERAL DIRECTOR: After this certificate has been HYPERTENSINE CARDIOVASCULAR DISEASE 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO K 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year detached f te Dept. of I (If either, notify medical examiner) State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while of work r, page 3 should be filed with the couses stoted above, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE ATTENDING MED. DIRECTOR Cipril 31969 DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS 7733 ALASKA AVENUE NIN NAME (Type) WOSHIN GIVN 20012 23o. BURIAL, CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 4-6-MT. LEBANGN CEMETERY MARYLAND BURIAL HYATTSVILLE 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR BERNARD DANZANSKU YSONS-WASHINGTON-DC



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÷ - +	1. DECEASED-NAME First Middle (Type or print)	Lost 20. DATE OF DEATH	2b. HOUR A
dea and deo	Ann Louise	BOWERS April Month 28 Doy	Yeor 69 1020 M
fer ffer	3. SEX 4. RACE	S DATE OF BIRTH 6 AGE (In years 1)	FUNDER 1 YEAR IF UNDER 24 HRS.
the the	Female Caucasian	August 1, 1920 48 "YRS.	THIS SATS HOUSE
bo de la bour	7a. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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within 24 hours after death tely filled in by the funeral bon papers. Pages 1 and 2 within 72 hours after deoth	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTI	ITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
wit rely wit	Bethesda Nava	al Hospital during most of working life, even if retired.) Registered nurse	School board
equires that the death certificate be-executed within 24 hours after death. physicion. signed by the ottending physicion and completely filled in by the funeral burial-transit permit. Then please remove carbon papers. Pages 1 and 2 burial, cremation, or removal, and in any event, within 72 hours after death.	administration CTATE 1201/ CONTRICT	13c. CITY OR TOWN Beltsville 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 4100 Kenny St	•,
and common	14. FATHER'S NAME First Middle Lost	1S. MOTHER'S MAIDEN NAME First Middle	Malichost
cion a eose r	Andrew Mikush	Louise Matick	Unknown
physicion of the physicion of the please ovol, and i	166. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes no, or unknown) (if yes give war acdotes of service) 16b. SOCIAL SECURITY NO 16b. SOCIAL SEC		
phy en ovo		Mr. Allen A. Bowers, 4100 Kenny	St., APPROXIMATE INTERVAL
he death ce ottending permit. The	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (s). PART I. DEATH WAS CAUSED BY: Severe bra	ain edema	BETWEEN ONSET AND DEATH
deat tend mit, or	IMMEDIATE CAUSE (a)		
he of per	Canditions, if any, which gove) DUE TO, OR AS A CONSEQUENCE OF Glic	oblastoma multiforme	
nat 1. y th insit	rise to immediate cause (a),		
d b	lost. Due 10, OR AS A CONSEQUENCE OF		
N: The low requires that the or attending physicion. Ote hos been signed by the cruse as the buriol-tronsit peolth prior to burial, cremation	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	T RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ng pan s			
low beers the	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERF 27 Apr.69 Glioblastoma multifo		SIDERED IN CERTIFYING
The after hos se con the poly	27 Apr.69 Glioblastoma multifo	orme YES X NO CAUSES OF DEATH? Yes	
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificot Page 4 may be retained by the hospital or attending physicion. O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicial director, page 3 should be detached for use as the buriol-transit permit. Then pleat the buriol be filed with the State Dept. of Health prior to burial, cremation, or removal, and	21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner) 21a. INUITY OF CLIEBED 121a. PLACE OF INUITY AT HOME FARM, STREET, FACTOR	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item	n 18.)
OR ATTENDING PHYSICIAN be retained by the hospital DIRECTOR: After this certifica je 3 should be detoched for ed with the Stote Dept. of He	ZId. INJURY OCCURRED While Under the	DRY.) 21f. LOCATION Street ar R.F.D. Na. City or Town	County State
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DIN by Affe be Sto	22a. I certify that (X) (this haspital) affended the deceased	from Apr. 25 , 19 69, ta Apr. 28 , 19 9, and that in (1994) (aur) apinian death accurred an the date	and have and from the
OR: ould the	causes stated abave, (t) (we) (did) (did ast) view the be	ady after death.	did iidor did irdiii iid
A Share A	22b. SyGNATHRE 2	PLY) ATTENDING MED. STAFF FOR A	TE SIGNED
OR be r	Carry, M.D. 1	DEGREE PHYS. DIRECTOR L PHYS. WI ADI.	. 30, 1969
ITAL moy RAL Poor be fi	22d. PHYSICIAN'S NAME (Type) Calvin B. EARLY. MD I	22e. ADDRESS PHD Naval Hospital, Bethesda, Md	
OSP NNEF Crar, uld L	Odivin b. Dateli, No i		
Page 4 moy be retained by to FUNERAL DIRECTOR: After director, page 3 should be controlled by the bould be filed with the Stote	236. BURIAL, CREMATION, 23b. DATE 5/2/69 23c. NAME OF CE FORT I		(Caunty) (State) Geo. Md.
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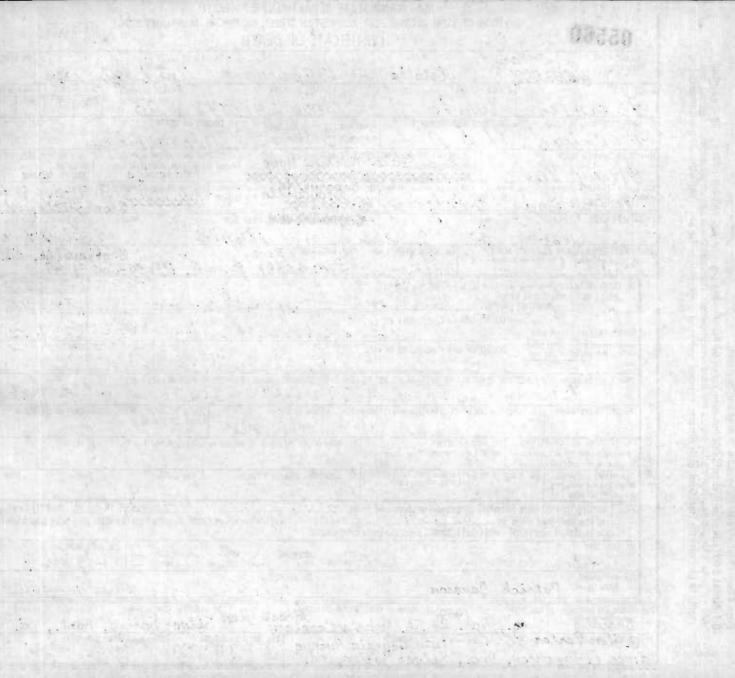
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05552 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH death. 2b. HOUR be executed within 24 hours after death uneral (Type or print) Month James 9:40AM 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) OAYS Male 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED M NEVER MARRIED 9. COUNTY OF DEATH WIDOWED [7] DIVORCED [Montgomery Mary land 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during mast of warking life, even if retired.) Kensington Machinis 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b COUNTY YES NO [14. FATHER'S NAME pup Last IS. MOTHER'S MAIDEN NAME First Bradle law requires that the death certificate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 6b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, ar unknown) or removal, Bradley James 6120 OFFWH Rd Chevy Cha en 18. CAUSE OF DEATH (Enter only one cause per lige or (a), (b) and (c).)
PART 1. DEATH WAS CAUSED BY: BETWEEN ONSET AND GEAT IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave) burial-transit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been far use as the 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES T 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Not while at work 22a. I certify that (I) (this hospital) ottended the deceased fram 4/2, 19 69, ta 4-3, 19 7, inul [1] [we] lost the deceased alive an 19 7, and that in (my) (our) apinion death occurred on the date and hour and fram the 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF directar, page 3 shauld be filed v DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Abraham W. Danish. M.D. 1106 Spring Street, Silver Spring, Md. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. 23d. LOCATION (City or Town) (County) (State) BREMOVAL (Specify) April 28,1969 Ebenezer Cemetery Great Mills. St. Mary's . Maryland 2SO. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE ADDRESS Messelas ludge

	05559		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH					
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3. SE	MALE	4. RACE White	S. DATE OF BIRTH	6. AGE (In years last birthday) YRS.	MONTHS DAYS HOURS MIN			
7o. I	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH				
	Mary land	037	WIDOWED DIVORCED	Monteomery	M			
	SILVEY SPYN	11. NAME OF HOSPITAL OR INS		UAL OCCUPATION (Kind of work don mast af warking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY			
130.		ceased lived, if institution; Residence before	13c. CITY OR TOWN 13d. INSIDE CITY HY RATSVILLE YES T	13e. STREET AND NUMBER 10 4204 Ga. 11a	TIL ST.			
14.	FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME	First Middle	Last			
	Kobe		nan Ji	une Allison	Dukes			
	. WAS DECEASED EVER IN U.S. (es, no, or unknown) (if yes	ARMED FORCES? give war or dates of service) 16b. SOCIAL SECURITY N		Address				
				other as ab	APPROXIMATE INTERVAL			
	18. CAUSE OF DEATH (Ente PART I. DEATH WAS CA	or only one couse per line for (o), (b), and (c).)	1 1		BETWEEN ONSET AND DEATH			
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	Conditions, if any, which go	DUE TO, OR AS A CONSEQUENCE OF						
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	_	CONDITIONS CONTRIBUTING TO DEATH BUT NO	T DELATED TO THE TEDANINAL DISEASE OF	DCONDITION CIVEN IN DADT 1(a)				
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NO	THE TERMINAL DISEASE OF	RECONDITION GIVEN IN PART I(d)				
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PER	FORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS O	ONSIDERED IN CERTIFYING			
E S			YES NO [CAUSES OF DEATH?				
	21a. ACCIDENT WAS UNDER			ter noture of injury in Port 1 or Part 2,	Item 18.)			
MEDICAL	OR CONTRIBUTING CAUSE OF	FDEATH HOUR A.M. Manth Day Year P.M. 19		THE R. LEWIS	AT THE VIEW			
MEC	21d. INJURY OCCURRED While Not while at wark	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACT		lo. City or Town	Caunty State			
	22a. I certify that (1)	(this haspital) attended the decease	d fram April 20, 19.	69, to April 21, 19.	, that (1) (we) las			
	saw the decease	d alive an And 4	967 and that in (my) (aur) a	pinian death accurred an the da	te and hour and from the			
	22b. SIGNATURE	dave, (1) (we) (ala) (ala nat) view the b	oddy difer death.	1 22-	DATE SIGNED			
	M11	Land Baren	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	שוני אומונט			
	22d. PHYSICIAN'S	viay Jeule	22e. ADDRESS	DIRECTOR - PHIS				
	NAME (Type)	rray Paul		iversity Blvd. E	Langley Par			
230,				23d. LOCATION (City or Town) ery Silver Spri				
	BREMOYAE (Specify) 2							
	FUNERAL DIRECTOR		Rock. Pike 250. REC'D					
T	yson Wheeler	Funeral Home Rock	ville, Md. DATE AF	R 2 8 1969 Victo	relas Judge			

MAKTLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05554 CERTIFICATE OF DEATH First Mary Middle DECEASED-NAME Last 2a. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death. the funeral (Type or print) Manth stelle 4. RACE 5. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years IF UNOER 24 HRS. 3. SEX last birthday) MONTHS DAYS HOURS hau 7a. BIRTHPLACE (State or, foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED! 9. COUNTY OF DEATH and completely filled in remaye carban papers. WIDOWED -DIVORCED event, within 72 11. NAME OF HOSPITALOR INSTITUTION (If not in hospital of Buring most of working life, even if retired.) 10. CITY OR, TOWN OF DEATH 12b. KIND OF BUSINESS OR INDUSTRY own home 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before, 13e. STREET, AND NUMBER DC -Box NAME First andinany 14. FATHER'S NAME Middle First last physicián a nen please 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCKAL SECURITY NO. 17. INFORMANT Addossrookeville. Yes, no, or unknown (If yes give war or dates of service) burial, crematian, ar remaval, STANSBURY attending phys #1-Rox 51 APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (a) 20 m DUE TO. OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if any, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d d far use as the af Health prior ta attending FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO T Page 4 may be retained by the hospital or 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M be detached directar, page 3 shauld be detache should be filed with the State Dept. (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City or Town County OFFICE BUILDING, ETC. While Nat while at wark at wark and that in (my) (aur) apinion death occurred on the date and hour and from the saw the deceased alive on 21 couses stated abave, (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS. PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Patrick aneson 23b. DATE NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION REMOVAL (Specify) Silver Sprina 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR ATS AU 30M REV



3 1	Ttems 18&22aFilm 414 MARYLAND STATE DEPARTMENT OF HEALTH -3-22aFilm 414 MARYLAND STATE DEPARTMENT OF HEALTH -3-22aFilm 414 MARYLAND STATE DEPARTMENT OF HEALTH -5-22aFilm 414 MARYLAND STATE DEPARTMENT OF HEALTH -5-22aFilm 414 MARYLAND STATE DEPARTMENT OF HEALTH	555
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	900
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy (Type or Print)	Yeor 2b. HOUR
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delay and 3 M3 Pa	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (in years if under 1 YEAR if under 24 HRS 2c. DATE PRONOUNCED DEAD Months Days Hours Min Months Day 16	2d. HOUR
2, and 3 PM3 Pa	r W Occober 30,131/D1 yrs.	Yeor 19 69 M
	70. BIRTHPLACE (Stote or foreign country? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Montgomery	
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hours after death Item 18. Give Pages 1, Office alang with form land 2 with the State De after death.	The second of th	USTRY
s after 18. Giv e alang 2 with t death.	130. USUAL RESIDENCE (Where deceased lived if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREFT AND NUMBER	
12 w 18.	odmission) STATE aryland J36 MONYtgomery Takoma Pk YES X NO 7118 Willow Ave	
hours Item Office after	14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle	Lost
ncil in 1 niner's pages 1 hours o		Fliger
This certificate shauld be executed within 24 hours after death icate, writing the word "pending" in pencil in Item 18. Give Pages 1, be forwarded to the Chief Medical Examiner's Office along with form 1 be used as a bunal-transit permit. File pages land 2 with the State Dear removal, and in any event within 72 hours after death.	16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (If yes give wor or dates of service) 232-26-0934 Mrs. Virginia Stauinger 10222 Falki	rk Road
d wit in pe Exan File in 72		Marproximate Interval Between Onset and Death
xecuted anding" in Medical Expermit. Final within	PART I. DEATH WAS CAUSED BY: Acute pneumonitis and	BETWEEN ONSET AND DEATH
be exe pendii niet Me ansir pe	DUE TO, OR AS A CONSEQUENCE OF	
Chier Chier transit	Conditions, if ony, which gove pulmonary emphysema (b) pulmonary emphysema	
auld any	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
she v he v ta th	(c)	
bical examiner: This certificate shauld please execute the certificate, writing the word I directar. Page 4 shauld be forwarded to the Citerined for your files. Director: Page 3 shauld be used as a burnal-transfer to burial, crematian, ar removal, and in any are to burial, crematian, ar removal, and in any	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
his certificate, writing the forward be used a be used a contract of the forward for the forward forwa	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
his of the per per per per per per per per per pe	WAS PERFORMED?	YES NO
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INER: Te certifice shauld be files. 3 shauld as ination, an	CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f, LOCATION Street or R.F.D. No. City or Town Co	
XAMINER: ute the certige 4 shauld your files. Page 3 shau crematian,	21d. INJURY OCCURRED VINILE NOT WHILE AT WORK AT WORK AT WORK AT WORK 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town Company of the company	ounty State
DEPUTY DICAL EXAMINER: ccessary, please execute the certiful e funeral directar. Page 4 shaulfe may be retained for your files. FUNERAL DIRECTOR: Page 3 shaulth priar to burial, crematian,	22a. I certify that I took charge of the remains described above, held an Autapsy V Inspection V, Inquiry V,	and in my apinian
JTY DICAL E Ty, please exect eral director. Pa be retained for RAL DIRECTOR: priar to burial,	death resulted from: Natural causes , Audent , Suicide , Homicide Undetermined manner	and in my apinion
blease explensed director. Properties of the pr	CHIFF MEDICAL EXAMINER	
	ACTUAL SIGNATURE COLOR SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SIGN	ED
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TO DEPUTY necessary, the funera 5 may be 10 FUNERA Health pr	NAME (Type) 2 E LO E V LOCATION (City of Town) (County) 230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County)	0),101
00 the second of	REMOVAL (Specify)	onty) (Stote)
00	24. FUNERAL DIRECTOR ADDRESS 1250, REC'D BY REGISTRAR 1250, REGISTRAR'S SIGN.	
VR A15ME (5) 10M REV. 1/68	Tyson Wheeler 1331 Rockville Pike DATE APR 18 1969 Killeria	o farage
	Tyson Wheeler Rockville, Maryland	· ·

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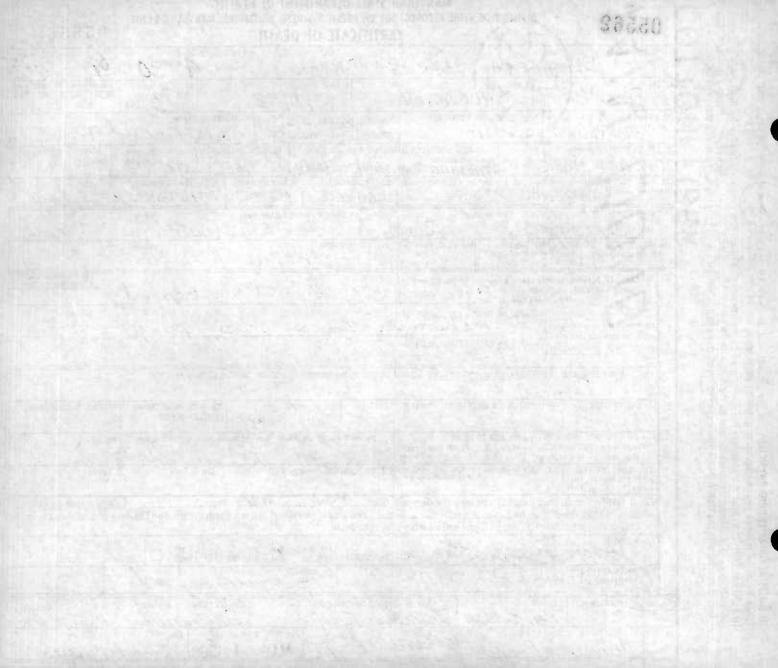
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1			NU STATE DEPARTMENT		
1 6	05562	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, 1	BALTIMORE, MARYLAND 21201	
,	10008		CERTIFICATE OF DEAT	TH	05556
	ECEASED-NAME First		Lost	20. DATE OF DEATH	2b. HOUR
[(1	(ype or print) ELIZA	BETH CLARIC	E BRYAN	A Month 30 Do	by 442
3. SE	X	4. RACE	S. DATE OF BIRTH A.	6. AGE (In years last by water)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
	Female	CAUCASION		YRS.	
7o. B	BIRTHPLACE (Stote or foreign MARYLAND	76. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH MONTGOME	ERY
	TITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR I	NSTITUTION (If not in hospital 12a.	. USUAL OCCUPATION (Kind of work dane	12b. KIND OF BUSINESS OR
	AKOMA PARK		SAN., + HOSP, duri	ing most of warking life, even if retired.)	INDUSTRY
13a. admi:	USUAL RESIDENCE (Where deceos	sed lived, if institution: Residence before 13b. COUNTY	13c. CITY OR TOWN 13d. INSIDI	E CITY LIMITS? 13e. STREET AND NUMBER 3716 GREEN	CASTLE ROAD
	ATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NA	AME First Middle	Lost
	CLARENCE	Bon	VD O	ELIZABETH	TURNER
	WAS DECEASED EVER IN U.S. ARM			AL RECORDS	
	18. CAUSE OF DEATH (Enter on	ly ane cause per line far (a), (b), and (a		,	APPROXIMATE INTERVAL
	PART I. DEATH WAS CAUSED	ly ane cause per line far (a), (b), and (a) BY: ATE CAUSE (a)	ma of Breas	sil - Widespread	BETWEEN ONSET AND DEATH
	174x	DUE TO, OR AS A CONSEQUENCE O			
-	Canditians, if ony, which gove	metasta	ses bone,	Liver Land	
	rise to immediate cause (a), stating the underlying couse	DUE TO, OR AS A CONSEQUENCE O	F		
	last.	(c)			
	PART 2. OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	E OR CONDITION GIVEN IN PART 1(o)	
2	Phenu	nonia			
CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS F	ERFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
RTE				CAUSES OF DEATH?	
	21a. ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBUTING ☐ CAUSE OF DEAT	IG 21b. TIME OF INJURY H HOUR A.M. Month Day Yea	21c. HOW INJURY OCCURRED	(Enter noture of injury in Part 1 or Part 2,	Item 18.)
MEDICAL	(If either, notify medical examin	ner) P.M.	19		
	21d. INJURY OCCURRED 21e. While Not while at wark	PLACE OF INJURY (AT HOME, FARM, STREET, FOR OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCATION Street or R.F.	D. No. City ar Town	Caunty State
	22o. I certify that (I) (th	is hospital) attended the deceo	sed fram May	19 (c4), ta, 19	9 69, that (1) (we) las
	saw the deceased a	live an e, (I) (we) (did) (did not) view the	. 19 and that in (my) (aur) apinian death accurred on the d	ate and hour ond from the
	22b. SIGNATURE	e, (1) (we) (ala) (ala not) view the	body offer death.	1 22-	. DATE SIGNED
	Les sionalistes	A Lower The In	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	. DATE STUNED
	22d. PHYSICIAN'S	1000000	22e. ADDRESS	DIRECTOR DIPHES.	
	NAME (Type) JOSE	nt. Smith, It	Bur	tonoville, uld.	
23a.	BURIAL TREMATION, 23b. I	DATE 23c NAME O	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) / (State)
		1 11 1 7/ 1	Stometery	Bartoniella	Mate-Md
24.	FUNERAL DIRECTOR	ADDRES	S 1) 8+ 7 250. RI	EC'D BY REGISTRAR 2Sb. REGISTRAR	
	X: Welker Ma	llers 234 Our	call por 16 DAM!	Y 1 1969 20lian	las Vidas.



-	1		D STATE DEPARTMENT OF		
	05563		301 W. PRESTON STREET, BAI		05557
	00000		CERTIFICATE OF DEATH		00007
death. nerol and 2 death.	(Time or relat)	irst Middle Vince	NT BRYANT	2a. DATE OF DEATH Month Do	Yeor Yeor A. M
4 hours after death in by the funeral sers. Pages 1 and 2	3. SEX	4. RACE WHITE	5. DATE OF BIRTH	8. AGE (In years last birthday)	IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
hours	70. BIRTHPLACE (State or fareign country)	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED WIDOWED VOICED	9. COUNTY OF DEATH	
2 2 -	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	TITUTION (If not in hospital 12a, US	UAL OCCUPATION (Kind of work dane mast of working life, even if retired.) TO RANE PERM	12b. KIND OF BUSINESS OR INDUSTRY
e executed with and campletely femove carbon and event, with	130. USUAL RESIDENCE (Where de admission) STATE	ceased lived, if institution: Residence before 13b. COUNTY Montymorey	13c. CITY OR TOWN 13d. INSIDE CITY	The state of the s	
n ond an d in any	14. FATHER'S NAME First	Middle Lost BRYANT	15. MOTHER'S MAIDEN NAME	First Middle	Rock
physician on people recovery and in	16a. WAS DECEASED EVER IN U.S. Yes, na, or unknown) (If yes	ARMED FORCES? 16b. SOCIAL SECURITY I		Address BRYPNT - SON - V	WHEATON, MD.
ie deoth cer attending p permit. The	1B. CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r only ane cause per line far (a), (b), and (c). USED BY: EDIATE CAUSE (o)	in Failure		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
equires that the deoth certificate be executed within physician. signed by the attending physician and campletely filleburial-transit permit. Then please remove carbon paburial, cremation, or removal, and in any event, within	Conditians, if any, which go	DUE TO, OR AS A CONSEQUENCE OF		mary Desca	ine
t: The low requires that the or oftending physician. te has been signed by the use as the buriol-transit palth prior to burial, cremating	stoting the underlying cau last.	DUE TO, OR AS A CONSEQUENCE OF	linedartire	selezoria	
n required by required by the pure to bur	Vale	CONDITIONS CONTRIBUTING TO DEATH BUT NO		CONDITION GIVEN IN PART 1(a)	
The lov ottend ottend hos be use as it prior	RTIFIC	9b. CONDITION FOR WHICH OPERATION WAS PE	YES NO'S		
ICIAN: pital or rtificate d for u	☐ OR CONTRIBUTING ☐ CAUSE OF	DEATH HOUR A.M. Manth Doy Year priner) P.M.		er nature af injury in Part 1 ar Part 2,	Item 1B.)
DING PHYSICIAN: The low reby the hospital or ottending 4fter this certificate hos been be detached for use as the 5tote Dept. of Health prior to	While Not while at wark at wark	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		la. City or Town	County State
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certife Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phy director, page 3 should be detached for use as the buriol-transit permit. Then should be filed with the State Dept. of Health prior to burial, cremation, or remove	saw the deceosed	(this hospital) attended the deceosed alive an 1 eye, (I) (we) (did) (did not) view the	969, and that in (my) (our) o	oinion death occurred on the d	069, that (I) (we) last ate ond hour and from the
D HOSPITAL OR ATTENI Poge 4 moy be retained 5 FUNERAL DIRECTOR: A director, poge 3 should should be filed with the	22b, SIGNATURE	nales ban m	DEGREE ATTENDING PHYS.	MED. STAFF 22c. DIRECTOR PHYS. 4/	DATE SIGNED
TO HOSPITAL Poge 4 moy TO FUNERAL director, pog		IALOW. BARR		GEORGE TOWN RO,	BETHESOS
TO HO Poge TO FUR	BREMOVAL (Specify)	+/23/69 (CEDA)	RHILL EM.	23d. LOCATION (City or Town) SUITLAND	
VR A15 (4) 45M - 1 00	24. FUNERAL DIRECTOR JOS. GAWLER	's SONS, STROWADDRESS	NSINAVE. 250 BED	2 3 1969 25b PEGSTRAR	SEIGNAPPRE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05564 05558 CERTIFICATE OF DEATH papers. Pages 1 thin 72 haws after death. REAP DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR death. (Type or print) Doy Inez Bryson 3. SEX 4. RACE be executed within 24 hours after S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years IF UNDER 24 HRS. last birthday) DAYS HOURS DR Female White 9/21/13 7a. BIRTHPLACE (State or foreign counting York) 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED filled in WIDOWED DIVORCED [USA Montgomery

12a. USUAL OCCUPATION (Kind of work done FO 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR and completely fill give street oddress)
Holy Cross during mast of warking life, even if retired.)
housewife INDUSTRY VERING Silver Spring 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? admission) STATE 13b. COUNTY YES NO attending physician and comperential. Then please remove New York 818 E Jefferson St Oneonta NY burial, crematian, ar remaval, and in any 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First CO Raymond O Day Inez requires that the death certificate 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknawn) (If yes give war or dates of service) S 818 E Jefferson none sonFrank ROGER 1B. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) signed by the attendir burial-transit permit. umonard DUE TO, OR AS A CONSEQUENCE OF 2 Conditions, if any, which gave) Throm bo 0 rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause NER deno carcan PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) EXAMI **TO FUNERAL DIRECTOR:** After this certificate has been directar, page 3 shauld be detached far use as the should be filed with the State Dept. af Health prjor to I 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🗍 YES 🔲 Page 4 may be retained by the hospital or 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 1B.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State H While Not while at work MED. 22a. I certify that (I) (*his hospital) attended the deceased from 1968, to 41 9, 1969, that (I) (*we) last saw the deceased alive an 1999, and thot in (my) (*our) opinion deoth occurred on the dote and hour and from the saw the deceased alive an 19 , and that causes stated abave, (1) (we) (did) (did not) view the body ofter death. BY 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF ARED DEGREE DIRECTOR 38 Decression Ave., Silver Spring, Md. 22d. PHYSICIAN'S G. Lennard Gold NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) Mt. Mariah Kimbles, Pennsylvania REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR Tyson Wheeler Funeral Home-1331 Rockville VR A15 (4) Misulas Judge 30M REV. 1/68 Rockville Md.

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d 3 d 3 . Page	3. SI	X 4. RACE	S. DAT	TE OF BIRTH	6. AC	E (In years IF ENDER I YEAR birthday) MONTHS OAYS		ZC. DAIL I	RONOUNCED DEAD		2d. HOUR
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		IRTHPLACE (State or foreig	n 7b. CITIZE	N OF WHAT CO	UNTRY?	8. MARRIED NEVER	MARRIED 🗌	9. COUNTY OF DE	ATH		
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Pag Pag vith	10. C	ITY OR TOWN OF DEATH	1		F HOSPITAL OR I	NSTITUTION (If not in hospit		UAL OCCUPATION (most of working li			BUSINESS OR
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haurs Items Office office office	14. F	ATHER'S NAME First		Middle	Lost	15. MOTHER'S N	MAIDEN NAME	First	Middle	2 601	Lost
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#		21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIB		HOUR A.M.	Y Month, Day, Ye	21c. HOW INJURY	OCCURRED (Ente	er nature of injury	in Part 1 or Port 2	, Item 18.}	
(AMINER: te the cert je 4 shaule four files. age 3 shou cremation,	MEDICAL	CAUSE OF DEATH 21d. INJURY OCCURRED	Tale DIACE OF	P.M.	19	OIL LOCATION SAME	and an D.F.D. No.	<i>C</i> 'h		Country	Ch. c
M t + + + W	N			re building, etc.	ne, form, street,	21f. LOCATION Stre	et of K.r.D. No.	City o	rTown	County	State
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75 + 50 +	230	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	9-16	23C. NAME OF	CEMETERY OR CREMATORY		23d. LOCATION	(UIY OF TOWN)	(County)	(State)
	24	FUNERAL DIRECTOR	17-7	-6/	ADDR	779	2So. REC'D	BY REGISTRAR	25h DEGISTRAL	SIGNATINGE A	17.
VR A15ME (5)	6	Www. Cha	mbers	6	Silve	She Wa	& APR	1 8 1969	Jelian	as Judg	L
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	I		ND STATE DEPARTMENT OF I		
5	05567	DIVISION OF VITAL RECORD	S, 301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH	IMORE, MARYLAND 21201	05561
within 24 hours after death. ely filled in by the funeral ban popers. Pages 1 and 2, within 72 hours after death.	1. DECEASED-NAME (Type or print)	First Middle	CAMPBELL	2a. DATE OF DEATH Month 38 Do	by 69 Yeor 2b. Hour
by the fundamental bours offer	3. SEX Male	4. RACE White	5. DATE OF BIRTH 10-24-9	6. AGE (in years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
urs ()	7o. BIRTHPLACE (State or foreig		T.	INJ.	
र र र	country)		8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
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within 2 out fille	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR	NSTITUTION (If not in hospito 219 12a. USU.	AL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
with with	Chevy Cha	שנו ללוש	vy Guase Dr.	office Mgnt.	Acc'tg.
e executed within 24 and completely filled remove corban pope in ony event, within 7	130. USUAL RESIDENCE (Where	deceased lived if institution. Residence before	e 13c. CITY OR TOWN 13d. INSIDE CITY L	IMITS? 13e. STREET AND NUMBER	Apt. 219
executed had completed emove control	admission) STATE Marv	land Montgomery	Chevy Chase X	□ 4757 Chevy	
d d d	14. FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME F		lost
S PHYSICIAN: The law requires that the deoth certificate be execute hospital or ottending physician. This certificate has been signed by the attending physician and catefached far use os the burial-transit permit. Then pleose remove Dept. of Heolth prior to burial, cremation, or removol, and in ony	Fel				Murphy
ian ose	16a. WAS DECEASED EVER IN U.				Address as
fica ysic ple ol, c	Yes, no, or unknown) (If ye	es give wor or dates of service)			
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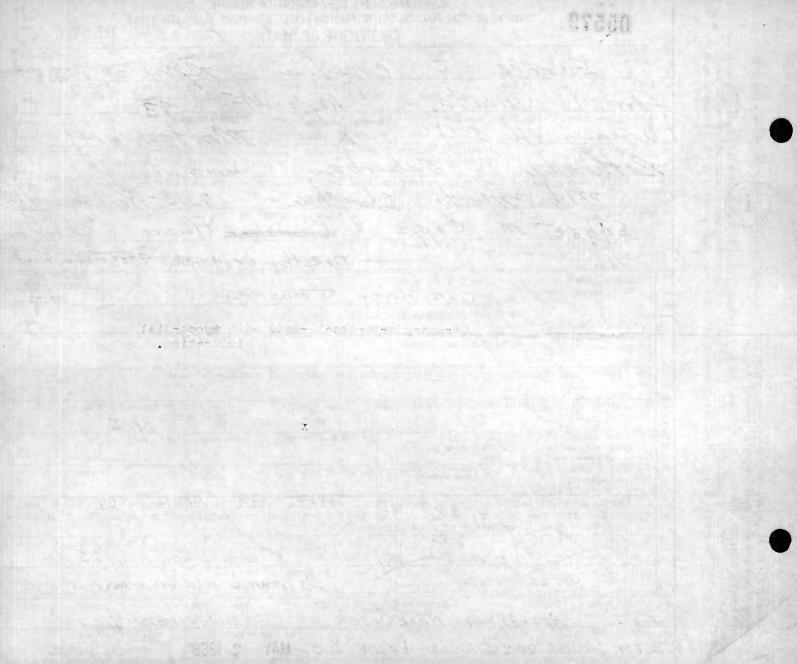
a 1		ems 18&22a Film 412 MARYLAND STATE DEPARTMENT OF HEALTH Item FilmGlil2 5/7-69 ams Division of vital records, 301 w. preston street, Baltimore, Maryland 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	8/69 kk
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MARYLAND STATE DEPARTMENT OF HEALTH 05570 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05564 DECEASED-NAME Middle Last 2g. DATE OF DEATH be-executed within 24 hours after death. funeral 28 Year (Type or print) LEONARD CAUDLE S. DATE OF BIRTH 3. SEX 6. AGE (In years IF UNDER 1 YEAR and campletely filled in by the t MONTHS CAUCASIAN YRS. 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED COUNTY OF DEATH USA WIDOWED DIVORCED [MONTGOMERY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g. USUAL OCCUPATION 12b. KIND OF BUSINESS OR give_street address) during mast of working life, even if retired) INDUSTRY SILVER SPRING 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER admissian) STATE N. C. YES NO burial, crematian, ar removal, and in any 14. FATHER'S NAME Middle MOTHER'S MAIDEN NAME First LEONARD attending physician a sermit. Then please 16a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes na, ar unknawn) (If yes give war or dates of serv requires that the death certificate 17. INFORMAN Address CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
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HALL CAUGASIEN CHUBLE + 28 485 BUSTH CHILLIAN (1837) MONTEON ERYLLEYS COUNTY. SILVED SPRING HILY CROSS HOSPITAL TRICK DRIVER N. C. REKLINGER CHIELETTE X REET ORR STREET LEWIALD CO CAUNEDRY OTHER POTTS O KERY MOTHER Acute 1914 Court of Language of the Students STATE OF THE PROPERTY OF THE P CANTON DESCRIPTION OF THE PROPERTY OF THE PROP BARANTAL NAMED IN CONTROL OF THE PROPERTY OF T Bled of the configuration of t

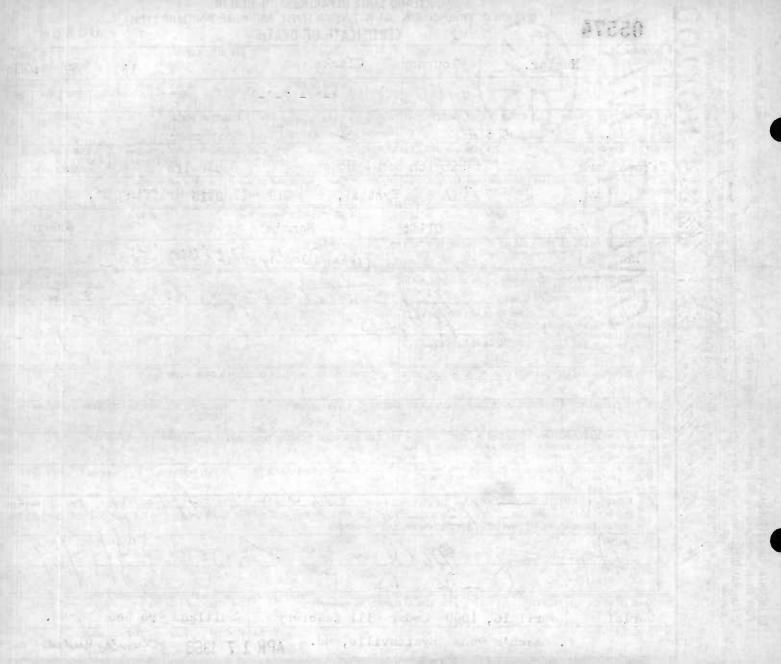
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	CERTIFICATE OF DEATH 05566
tely filled in by the funeral rban paper. Reges 1 and 2 , within 72 louns after death.	DECEASED-NAME First Middle Lost 20. DATE OF DEATH (Type or print) Funce Ce F. Caffer Manth Day Year 43
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70	0. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) 120. USUAL OCCUPATION (Kind of work done during most of working life, even if stried.) 12b. KMD OF BUSINESS OR INDUSTRY
borior, cremonari, or removal, ond in only event,	30. USUAL RESIDENCE (Where deceased lived, if institution: Residence before dission) STATE 13b. COUNTY
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	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT DOROTHY De 'trick 7303 Raling Wood
	18. CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COROMARY WARDONS: SIDE TO COROMARY TO COROMARY THE CAUSE (B) COROMARY
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	rise to immediate cause (o). stating the underlying cause last. (b) OUT OTHER V ATTERIOS ELECTIONS WITH MY OUT OF INTERIOR (c)
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	Or contributing Cause of peath (If either, notify medical exominer) Or contributing Cause of peath (If either, notify medical exominer) P.M. 19
	While Not while of wark of wark
	22a. I certify that (I) (this hospital) attended the deceased from
	22b. SIGNATURE 22b. SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNED STAFF PHYS. DIRECTOR PHYS. DIRECTOR PHYS.
1	22d. PHYSICIAN'S NAME (Type) DR LAG NOWOVAN 22e. ADDRESS & SETHESOA MO
	30. BURIAL, (REMATION, REMOVAL (Specify) April 28, 1469 Rock Creek WASHINGTON DC
(4)	ADDRESS ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR'S SIGNATURE



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12		05573	DIVISION OF VITAL RECO	ORDS, 301 W. PRESTON ST	REET, BALTIMORE, MARYLAN	ID 21201	
, -	3	00010		CERTIFICATE OF	DEATH	0	5567
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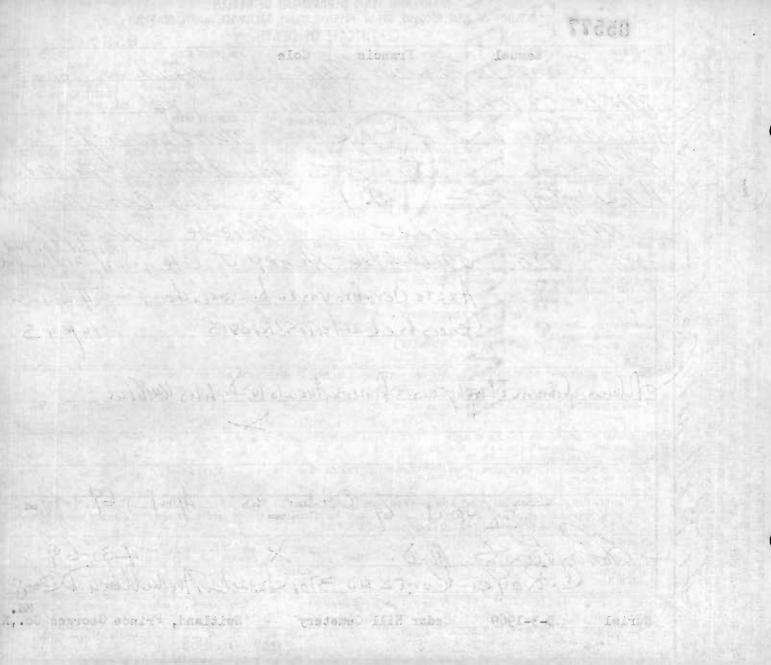


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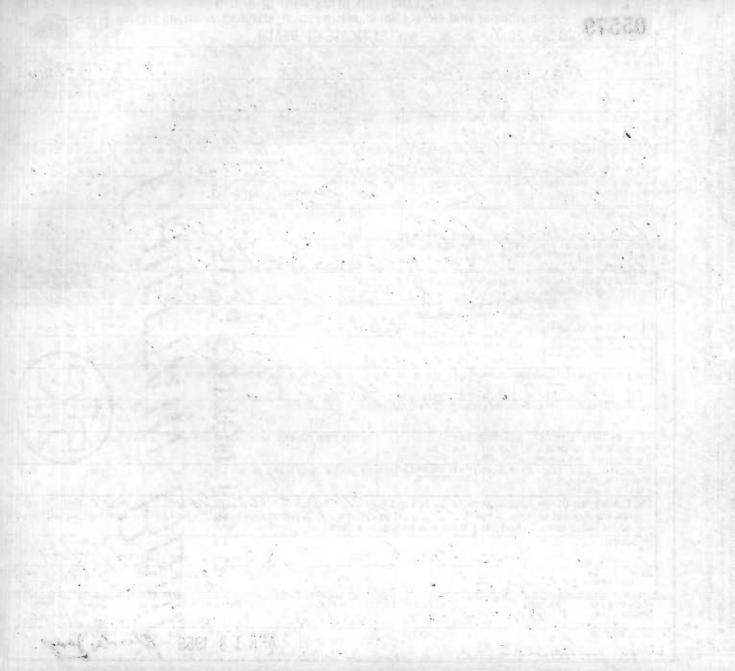
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The law re attending has been se as the h priar talk	IS.	90. DATE OF OPERATION 19b.	THE ACT MOLLIGHOR	HOPERATION WAS PERFORME		Y?	20b. IF YES, WERE CAUSES OF DEATH		SIDERED IN CERT	FYING
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AN:		To. ACCIDENT WAS UNDERLYING CAUSE OF DEATH		NJURY Month Doy Yeor	Ic. HOW INJURY OCCUR	RED (Enter noture	e of injury in Port 1	or Port 2, Item	n 18.)	
可能電子	ā (1	f either, notify medicol exomin	er) P.M.	19						
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N P P P P P P P P P P P P P P P P P P P		saw the deceased al	ive on 241 Co	971 1907	, and that in (mv)	(our) apinian (death accurred	an the date	and haur and	d fram the
A ATTENE retained recTOR: A 3 shauld with the	-		, (I) (We) (did) (d	lid nat) view the bady o	ffer death.					
Wilson William	1 1	2b. SIGNATURE	A	M/X	DEGREE ATTENDING PHYS.	MED.	STAFF	22c DAI	E SIGNED/	,
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HO Dage FU	23o. B	URIAL, CREMATION, 23b. D		23c. NAME OF CEMETER			LOCATION (City or			(StoteMd.
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	after fur	3. S	X 1	4. RACE		S. DATE OF BIR	TH .	6. AGE (In years lost birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	t de sa	1_	Male	. Whi	te	1/10	183			
4	cértificate be executed within 24 hours after death g physician and campletely filled in by the funeral fren please remove carban papers. Pages-J and moval, and in any event, within 72 hours after death		BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT	COUNTRY?	8. MARRIED NEVER MARK	TIED	TY OF DEATH	^	
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	ph)	-	no		202-44-07		omi 1. Col	lins (wife) S	APPROXIA	AATE INTERVAL
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	R: A		causes stated abo	ve, (I) (we) (did) (di		bady after death.	Man, abiling	sum ograffed on the pr	יוטטוו טווט אונ	/
	E B C S E		22b. SIGNATURE	N A	7	ATTENDING	G A MED.	STAFF 22c.	DATE SIGNED	11
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3	The state of the s	IDER I YEAR IF UNDER 24 HRS.
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ī		tb. KIND OF BUSINESS OR
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	an) STATE mod 13b. COUNTY montagen selver springyes NO 9503 Worth	have.
1	HER'S NAME First 1 Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Last
H	AS DECEASED EVER IN U.S. ARMED FORCES! 16b. SOCIAL SECURITY NO. 17. INFORMANT MICE STREET AND Address Of	Vile)
	na or unknown) (If yes give war or dates a) Service) 720-46-7936 9303 Morth are Silver &	being mo
	B. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ı	st. (1) Corcinoma of prostale gland	3,20
ı	ART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	Pa. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSID	FRED IN CERTIFYING
	YES NO CAUSES OF DEATH?	
	a. ACCIDENT WAS UNDERLYING 3 or contributing 3 cause of death HOUR A.M. Manth Day Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1	18.)
	f either, natify medical examiner) P.M. 19	St. A.
	Id. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STRET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Country of the Building, ETC. 4 work of the Building of the Build	unty State
	20. I certify that (1) (this hospital) extended the deceased from 11/2 20, 1968, ta Upral 11:19 6.	Z, that (I) (we) los
	sow the deceased alive on	nd hour and from th
l	2) SIGNATURE 220 DATE	SIGNED
	Meligic, Struly M. Ol DEGREE PHYS. DIRECTOR PHYS. 4/	11/67
	PACE PHYSICIAN'S Philip E Janes MD 22e. ADDRESS 8 as Broking M	20910
7		aunty) (State)
1	EMOVAL (Specify) 4/14/69 FT. LINCOLN D/Ademobiles NERAL DIRECTOR (ADDRESS C) 250, REGIO BY REGISTRAR 256, REGISTRAR'S SIGN	ATTION ME
	NERAL DIRECTOR L. W. CHAMBERS INC. SADDRESS CARVE. 250 REGO BY REGISTRAR 1969 250. REGO BY REGISTRAR 1969 250 REGO BY REGISTRAR 1969 250 REGO BY REGISTRAR 1969 250 REGO BY REGISTRAR 1969	by Judge
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10	_ 1		05581	DIVISION OF V		301 W. PRESTON STRE		, MARYLAND 21201		
4			00001		C	ERTIFICATE OF D	EATH		055	75
	÷ -2÷			irst	Michael	Last	2a. Di	ATE OF DEATH		2b. HOUR
	deat	(Type or print)	XXXXX P.	MICHael	Cook		Poei Manth Day	Yeor 69	11: A. M
	er fin	3. S	X OO	4. RACE		S. DATE OF BIRT	Н ,	6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	the funeral oges 1 and 2 s affer death.	10	Male	(1)h;	le.	6/10	3/98	6. AGE (In years last birthday) 70 YRS.	MONTHS DAYS	HOURS MIN
	hours of the by the haurs		BIRTHPLACE (State or foreign	7b. CITIZEN OF WHA	T COUNTRY?	8. MARRIED X NEVER MARRI	ED 9. COUN	TY OF DEATH	\sim	
	ed in apers.	COU	(L) ash DC	U.S. F	1	WIDOWED DIVORCE		JON TOOM, (A .	Md.
	within 24 page san page within 72	10.	CITY OR TOWN OF DEATH	11. NAN	NE OF HOSPITAL OR INST	ITUTION (If nat in haspital		ATION (Kind 6) wark dane	12b. KIND OF B	JSINESS OR
	campletely, fill ove carban, y event, within	L	Sil. Sog 1	ld.	eet address) CRO	is Hosp.	LAU	arking life, even if retired.)	ואונטטאוו	
	ent, ent	130.	USUAL RESIDENCE (Where de ission) STATE	ceosed lived, if institution	n: Residence before		d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	10	1
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	and campressin any eventry of the control of the co	14.	FATHER'S NAME First	Middle	Lost	IS. MOTHER'S MAID		Middle		Lost
	se use se din din		Mich		Cook		Kather		Clohe:	rty
	requires that the death certificate be executed within 24 hours after death. 3 physician. 5 signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remove carban papers. Pages 1 and 2 burial, crematian, or remaval, and in any event, within 72 haurs after death.	16a.	was deceased ever in u.s. es, no, or unknown) (if yes)	give wor or dates of service)	6b. SOCIAL SECURITY N			Address	"70	
	phy en ava				577-09-079		<u>Michael C</u>	ook Same as	# 1.3	ATE INTERVAL
	ing ing Th		18. CAUSE OF DEATH (Ente PART I. DEATH WAS CA		far (a), (b), and (c).)			· No	BETWEEN ON	SET AND DEATH
	leat mit.	9.	IMN	MEDIATE CAUSE (a)	torcho	gence cas	KLANNA	ef (R) effer	left u	145
	he att		Conditions, if ony, which go	DUE TO, OR AS	A CONSEQUENCE OF	elie to	1) Lew	ent !! -	u	15.
	at the r the nsit p		rise to immediote cause (0),(. 7	5 16	· Children	1 Emil	1.14
	equires that the physician. signed by the burial-transit burial, cremat		stating the underlying coulost.	DUE TO, UK AS	A CONSEQUENCE OF		2) Upfe	Marso + 4	and a	USS.
	equires physici signed burial- burial,		_	CONDITIONS CONTRIBUTION	NG TO DEATH BUT NO	T RELATED TO THE TERMINAL I	DISFASE OR CONDITION	N GIVEN IN PART 1(a)	mynn	~
12	n si n si o p		TARY 2. OTHER STORM TEAR	CONDITIONS CONTRIBUTE	NO 10 DEMI	TREBUIED TO THE TERMINAL L	9,50,132 01.001.01.101	North In trail (a)		
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10	YSICIAN: The law re aspiral or attending certificate has been thed far use as the ot. of Health priar ta	CERTIFICATION				YES	NO 🗆	CAUSES OF DEATH?		
			21o. ACCIDENT WAS UNDER	LYING 21b. TIME OF I		21c. HOW INJURY OCCUI	RRED (Enter nature	of injury in Part 1 ar Port 2,	Item 18.)	
	iclan pital o rrificat d far of Hec	MEDICAL	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M.	Month Doy Year					
	ATTENDING PHYSICIAN: retained by the haspital or ECTOR: After this certificate shauld be detached far uith the State Dept. of Heal	WE	21d. INJURY OCCURRED	21e. PLACE OF INJURY	AT HOME, FARM, STREET, FACT	ORY.) 21f. LOCATION Street	or R.F.D. No.	City ar Town	County	State
	this this deto		While Nat while at wark		1	1				
	ATTENDING stained by the CTOR: After the should be de ith the State I		220. I certify that (I)	(this hospital) atten	ded the deceose	d from 4//7		1 1 1	69 , that	
	R: A		20 AA LITE GEGERASE	d olive on	that I	ABELL VIII HIVINII (HIV)	(our) opinion de	eoth occurred on the do	ofe and hour o	nd from the
	retained retained sectors: A shauld with the		22b. SIGNATURE	a toll	Ch 1	1		22c.	DATE SIGNED	1.
	OR ATTENDING PH. be retained by the h DIRECTOR: After this ge 3 shauld be detacted with the State Dept.		all	ett H.	2/18/1	DEGREE PHYS.	DIRECTOR	STAFF PHYS.	4/27	169
	may be RAL DIRI		22d. PHYSICIAN'S	-14 11	(001	22e. ADDRE	55 / / 0	p1111 0	5 51	LUCK
	SPIT TERA d be		NAME (Type)	EKI H	- U-NOL	LYEN 11	16 7/1	NINU S	· cp	1111
	TO HOSPITAL OR Page 4 may be ri TO FUNERAL DIRE director, page 3 shauld be filed w	23a	BURIAL, CREMATION, 2	3b. DATE	23c. NAME OF C	EMETERY OR CREMATORY		OCATION (City or Town)	(County)	(State)
	5 5 5 2 V		REMOVAL (Specify)	4-30-69		f Heaven	Si	Iver Snring	Mary	land
	VR AIS	24.	FUNERAL DIRECTOR TO	new J Calle	ADDRESS		So. REC'D BY REGIST		SIGNATURE	
	30M REV 168		500 Una	newsty Bl	ved W Sel	ue Spring Mil	DMAY 2	1969 Jolians	A House	540

MAKTLAND STATE DEPARTMENT OF HEALTH

xxxxxxx P. Vichael

MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05582 05576 CERTIFICATE OF DEATH DECEASED-NAME **Eirst** Middle 2b. HOURA 2a. DATE OF DEATH 24 hours after death (Type ar print) Manth Jennie (NMN) April 1969 Cooper SEX S. DATE OF BIRTH 6. AGE (In years #F UNDER 1 YEAR IF UNDER 24 HRS last birthday) Female White January 14 1886 ease remove corbon popers. Par and in any event, within 72 hours 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) WIDOWED X Russia America DIVORCED Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12o. USUAL OCCUPATION (Kind of work done executed within 12b. KIND OF BUSINESS OR Takoma Park Washington Sanitarium

13a. USUAL RESIDENCE (Where deceased lived if institution: Residence before 13c. CITY OR TOWN during most of working life, even if retired.)

NDUSTRY

furniture 13e. STREET AND NUMBER Washtington D D.C 4700 Connecticut avenue 14 FATHER'S NAME First Middle IS. MOTHER'S MAIDEN NAME First Middle requires that the death certificate be Miller. Sachs Isaac Rose 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na. ar unknown) burial, cremation, or removal, Patient's chart no APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ACUTE MYUCARDIAL INFACCTION DUE TO, OR AS A CONSEQUENCE OF ARREDUO SCLERUFIE CARDINASCULAR DISONA signed by the burial-tronsit Canditions, if any, which gave) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) detoched for use os the e Dept. of Health prior to TO FUNERAL DIRECTOR: After this certificate has been HYPERTEN SION OR ATTENDING PHYSICIAN: The law 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES T NO 22 4 may be retained by the hospitol or 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OF CREMINITORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Adas Israel Cong. Cem. Wash., 24. FUNERAL DIRECTO Bernard Danzansk & Sons 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) Milanea Judge 45M - 1/69 St. NW. Wash D.C.



I	15-2-69ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	15583 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	577
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 2a. DATE KNOWN Manth Day	Year 2b. HOUR
lay is 13 ta Page ent of	(Type or Print) WILLIAM W, COPELAND DEATH MATED 4-10	169/45
ny delay 2, and 3 PM3. Pag partment	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 18 UNDER 1 YEAR 18 UNDER 24 HRS. 16 UNDER 24 HRS. 16 UNDER 24 HRS. 16 UNDER 24 HRS. 16 UNDER 24 HRS. 17 UNDER 24 HRS. 18 UNDER	or 69 2d. HOUR
	70. BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	71
arth form	U.S. A. WIDOWED DIVOKCED // CONTROL	e/ Md
ye Pages 1, 3 with form	DICKERSON give Green address loods RD 3 during mast of working life, even if retired.) INDUSTR	OF BUSINESS OR
2 with death	13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY Malgan Weight 13c. YES NO	
-=0 - 0 /	14. FATHER'S NAME First Copeland IS. MOTHER'S MAIDEN NAME First Middle Daniel Copeland Mary Dorsey	Last
MINER: This certificate shauld be executed within 24 the certificate, writing the ward "pending" in pencil in 4 should be farwarded to the Chief Medical Examiner's ur files. e 3 shauld be used as a burial-transit permit. File pages smatian, ar removal, and in any event within 72 haurs	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? / 16b. SOCIAL SECURITY NO. 17. INFORMANT / ADDRESS (Yes, na, ar unknawn) (If yes give war or dates of service)	SCHOOL SCHOOL
d with the lear lear lear lear lear lear lear lea	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
be executed "pending" in nief Medical E. nosit permit. Fevent within	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carbon monoxide intoxication	
exe endi Me it pe	890 X DUE TO, OR AS A CONSEQUENCE OF	
I be Chief	Canditions, if any, which gave rise to immediate cause (a), (b) and conflagration burns of 90% of body	
shauld be executed wit ne ward "pending" in pe to the Chief Medical Exar burial-transit permit. File I in any event within 72	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF last.	
This certificate shauld be executed within ficate, writing the ward "pending" in pencil be farwarded to the Chief Medical Examine d be used as a burial-transit permit. File page ar removal, and in any event within 72 hau	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
is certific te, writin farward farward e used a removal,	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	O. AUTOPSY?
his ate, of the far ate, ren	WAS TENTONING.	YES NO
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Se ey ctar.	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner	
please I director retained DIREC	ACTUAL AC	
JTY Iry, F eral be r Bbe r prid	SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	10 1010
ro DEPUTY MEDICAL EXAM necessary, please execute the the funeral director. Page 4 5 may be retained far your o FUNERAL DIRECTOR: Page Health, prior to burial, crem	NAME (Type) DELDEN K, TEAPM ANDRESS Sypel (The 19W Congusty)	0,1767
70 2 = 20 2 = 2	230 BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY/OR CREMATORY 23d togATION (Gity or Town) (County DURING LAND)	nta Md
VR ATSME (5)	24 FUNERAL DIRECTOR, 250. REGISTRAR 25b. REGISTRAR'S SIGNATURED CONTROL OF THE PROPERTY OF THE	O
10M REV. 1/68	LOVEY A. PROWAUN KOCKV, 1/C, 190, DAIFT II 1 1969	Jornale

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EALTH—BALTIMORE, 18

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MAKTLAND STATE DEPARTMENT OF HEALTH 05585 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05579 CERTIFICATE OF DEATH 1. DECEASED-NAM Middle First 2a. DATE OF DEATH 2b. HOUR 24 haurs after death t tuneral s 1 and (Type or print) 1908 KEILE 3. SEX 4. RACE S. DATE OF BIRTH AGE (In years IF UNDER I YEAR IF UHDER 24 HRS last birthday) MOHTHS DAYS HOURS AUCASION YRS. 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED WIDOWED DIVORCED [CNTGOMER 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work done within give street address) GROSVENCR AA carban during most of working life, even if retired.) INDUSTRY 5121 BROOV. L HOUSEWIFE 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c. CITY OR TOWN 13d. IHSIDE CITY LIMITS? LIBE. STREET AND NUMBER requires that the death certificate be executed 13b. COUNTY NO I the attending physician and compart of the compart ar remaval, and in any 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 6b. SOCIAL SECURITY NO. 17. INFORMAN Yes, na, ar unknawn) (If yes give war or dates of service) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) BETWEEN CHSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial, crematian, Canditians, if any, which gave) burial-transit rise to immediate cause (a), TO FUNERAL DIRECTOR: After this certificate has been signed by DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use as the b f Health priar tab 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO T 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Manth Day Year directar, page 3 shauld be detached tabauld be filed with the State Dept. of (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, EACTORY.) 21f. LOCATION Street or R.F.D. No. While Not while City or Town State Caunty at wark 22a. (certify that (1) (this hospital) attended the deceased from JUNE, 1967, ta ATRICAY, 1967, that (1) (we) last sow the deceased alive an ATRICAY, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 226. SIGNATURE ATTENDING . DEGREE PHYS. DIRECTOR PHYSICIAN'S 22e. ADDRESS NAME (Type) 23d. LOCATION (City or Town) 23b. DATE NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, (County) (State) BMONAT (Shatith) 5/2/69 Potomac Church Cemetery Potomac, Maryland ADDRESS ROCKVIIIE AL 2Sa. KEC'D BY REGISTRAR 24. FUNERAL DIRECTOR 25b REGISTRAR'S SIGNATURE FUN. HOME ROCKYILLE MONONE



6			MARYLAND STATE DEPARTM		
9		0220	IVISION OF VITAL RECORDS, 301 W. PRESTON ST	REET, BALTIMORE, MARYLAND 21201	
7		05587	CERTIFICATE OF	DEATH	05581
	÷ _ ~ ÷	1. DECEASED-NAME First .	Middle Last	2g. DATE OF DEATH	2b. HOUR
	funeral funeral ond 2	(Type ar print) Alevan	der None COWAN	Month Da	Y 1919 305 PM
	fun 1	3. SEX	4. RACE S. DATE OF B		IF UNDER 1 YEAR IF UNDER 24 HRS.
	the the range of t	Male	Caur. 2	23/15 last birthday) YRS.	MONTHS DAYS HOURS MIN
	hours of the state	7a. BIRTHPLACE (State ar fareign 7b	. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MAR		
	hin 24 ho filled in papers. Ithin 72 h	country) Scotland		RCED WSA/ Mont	gomerv
	illed pap	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital	12g. USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
	cuted within 24 mpletery filled is vereebon paper event, within 72	Takona Park	give street address) / WASh. San & HOSD	during most of warking life, even if retired.)	SAN- Commission
	od on the set	13a. USUAL RESIDENCE (Where deceased	lived/if institution: Residence before 13c. CITY OR DWN	13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
	couted with completely cover conditions with with the condition of the country with the cou	admissian) STATE MO	13b/COUNTY Mont: Riverdale	YES NO 5906 Longfellou	IST.E.
	br any	14. FATHER'S NAME First	Middle Last 15. MOTHER'S MA	AIDEN NAME First Middle	Last
	be n or	DAVID	None Cowan Me	ary None	Thompson
	physician ond pen physician ond pen please removal, ond in any	16a. WAS DECEASED EVER IN U.S. ARMED Yes na or unknown) (If yes give wor o	datos of service)	Address	
	ohys en p eval,	Tex IId, of Olikilowil) (ii) yes gire were	212-30-7924 Pt's Char	t WSH - 7600 CARR	
	In ce	18. CAUSE OF DEATH (Enter only o	one couse per line far (a), (b), and (c)	-1.0 - 6011	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
	he death ce ottending p permit. The ion, or remo	PART I. DEATH WAS CAUSED B		117) Left parietal 106	e 6 mos
	offe on,	1929	DUE TO, OR AS A CONSEQUENCE OF		
	t the sit	Canditions, if any, which gave) rise to immediate couse (a),	(b)		
	physicion. physicion. signed by the burial-transit p	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF		
	ysici ysici ned ial-t ial-t	last.	(c)		
	equ ph sign bur bur	PART 2. OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA	L DISEASE OR CONDITION GIVEN IN PART 1(a)	
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	to ho ho	5/3/69	100 plas m YES	NO KI	and researched
	AN: olo olo icote for Hea		21b. THE OF INJURY HOUR A.M. Month Day Year	CURRED (Enter nature of injury in Part 1 or Port 2,	Item IB.)
	spit spit ed ed ed of of	G CONTRIBUTING CAUSE OF DEATH (If either, natify medical exominer)	P.M. 19		
	PHY e ho nis co tach Dept	While Nat while	ACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street	et ar R.F.D. Na. City ar Tawn	Caunty State
	h the se de	220 Leartify that (1) Whis	pospital) attended the decoased from 156 6 2	1 19 69 to 10 10 10 10	69 , that (I)) (we) last
	Aft Aft be Steel	saw the deceased alive	nospitol) attended the deceased from Feb 2 an 19 G, and that in (m	y) (aur) apinian death occurred on the de	ite and hour and from the
	OR: ault	couses stoted obove()	(we) (did) (did nat) view the body after deoth.		
	R AI reference 3 sh with	22b. SIGNATURE	ALD ATTENDIN		DATE SIGNED
	Dige de	14WO	DEGREE PHYS.	DIRECTOR L PHYS. L	M7,1967
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retoined by the hospital or oftending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove been papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death	22d. PHYSICIAN'S NAME (Type) FIFTH	or XI tofokus MD 22e. ADD	1015 Spring St.	5.5. 20910.
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		24. FUNERAL DIRECTOR	ADDRESS	2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
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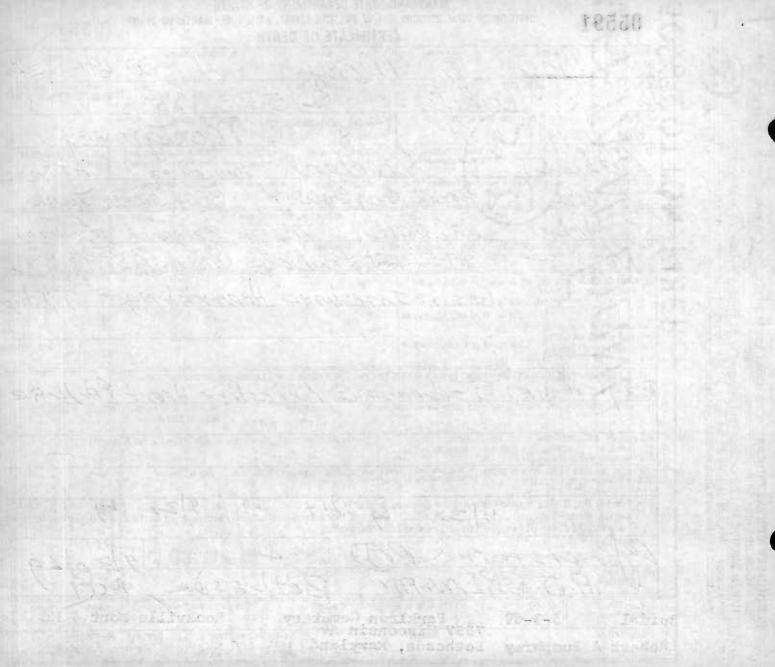
MARYLAND STATE DEPARTMENT OF HEALTH 05589 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05583 CERTIFICATE OF DEATH Lost First 2a. DATE OF DEATH 1. DECEASED-NAME Middle 2b. HOUR TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death catificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Tuperal director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 4 and 2 shauld be tiled with the State Dept. af Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death. Month 20 (Type or print) CUMMINGS April 1017PM Damon E. 6. AGE (In years last birthday) 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Apr. 16, 1885 Caucasian Male 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED Minnesota Minnesota USA DIVORCED Montgomery WIDOWED X 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY Naval Hospital Bethesda 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before | 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE D. C. 2329 Porter St., N. W. 13b. COUNTY Washington YES X NO 1S. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Lost Middle Ada Earhart Charles Arthur Cummings Florence 16b. SOCIAL SECURITY NO. 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, ne or unknown) Damon E. Cummings, 27 Auburn St., Woburn, Mas 1B. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) ____ Acute myocardial infarction DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes YES X NO [] 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner) HOUR A.M. Month Day Year 21d. INJURY OCCURRED
While Not while 1 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)
While Not while 2 200 A.M. City or Tawn While Nat while at wark 22a. I certify that (1) (this hospital) attended the deceased from Apr. 20 , 19 69 , to Apr 20 , 19 69 , that (4) (we) last saw the deceased alive an Apr. 20 19 , and that in (my) (aur) apinion death occurred an the date and hour and from the causes stated abave, (* (we) (did) (****) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE WI DEGREE ATTENDING PHYS. 22 April 1969 DIRECTOR 22d. PHYSICIAN'S 22g_ADDRESS Naval Hospital, Bethesda, Md. J. H. HORNBAKER, JR, M.D. NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23a. BURIAL, CREMATION, (State) Arlington National Cemetery Arlington Va. 4/28/69 24. FUNERAL DIRECTOR Jos. Gawler's Sons ADDRESS 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68 5130 Wisconsin Ave., N.W. Washington, D. C. DAPR 2 5 1969 Milianles Judge.

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Y 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET	, BALTIMORE, MARYLAND 21201
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rtificate be physicion c en please evol, and in	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 220-01-0288 Admission	Redd, Montgomery Gen. Hospital, Olne
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and comple director, page 3 should be detached for use as the burial-transit permit. Then please remove conshauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TQ THE TERMINAL DIS 190. DATE OF OPERATION 190. CONDITIONS FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?	EASE OR CONDITION GIVEN IN PART 1(D) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
S PHYSICIAN: The lette has provided for other this certificate has betached for use as e Dept. of Health principle.	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (If either, notify medical examiner) 21d. INJURY OCCURRED While Not while at wark 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or While at wark	NO CAUSES OF DEATH? D (Enter noture of injury in Port 1 or Page 2, Item 1B.)
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TO HOS Poge 4 TO FUNI directo	230. BURIAL, CREMATION, REMOVAL (Specify) 23b. Date 23c. NAME OF CEMETERY OR CREMATORY 4-15th 69. Forest Oak	23d LOCATION (City or Town) (County) (State) Gaithersburg/ Montg. Md.
VR A15 41	24. FUNERAL DIRECTOR 250 Ernest C. Gartner, Garthersbuerg, Md.	PR 1 7 1969 25b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05591 05585 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2g. DATE OF DEATH executed within 24 haurs after death (Type or print) Month -SEX S. DATE OF BIRTH 6. AGE (In years lost Kirthday) IF UNDER I YEAR QAYS HOURS and campletely filled in by the remave carban papers. Po 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) MAPULAND WIDOWED T DIVORCED [12b. KIND OF BUSINESS OR 10. CITY OR FOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane give street address during most of working life, even if retired.) USEWIFE ar remaval, and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? STATE 13b. COUNTY YEST NOT 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First Middle Last The law requires that the death certificate be please 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no. or upknown) (If yes give war ar dates of service) attending phys 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial, crematian, DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave burial-transit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending this certificate has been be detached far use as the State Dept. of Health prior tal GOCDST 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🗔 YES 21a. ACCIDENT WAS UNDERLYING OR ATTENDING PHYSICIAN: 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark O FUNERAL DIRECTOR: After 22a. I certify that (1) (this hospital) attended the deceased from 4 30 19 64, and that in (my) (aur) apinian death accorred an the date and hour and from the saw the deceased alive on___ be filed with the causes stated above, (1) (we) (did) (did nat) view the bady after death 226 STGNATURE 22c. DATE SIGNED **ATTENDING** _MED. DIRECTOR PHYS PHYS 22d. PHYSICIAN'S 22e_ADDRESS NAME (Type) director, shauld be 23d. LOCATION (City of Town)
Rockville 23a. BURIAL, CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (State) (County) REMOVA (Specify) Parklawn Cemetery Mont 5-3-69 7557 Wisconsin Ave 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 Bethesda, Maryland Robert A Pumphrev 1969



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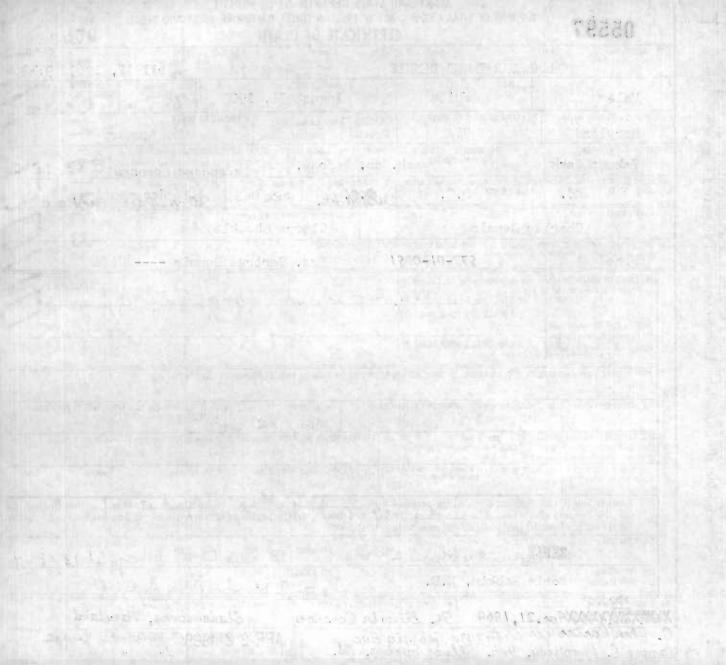
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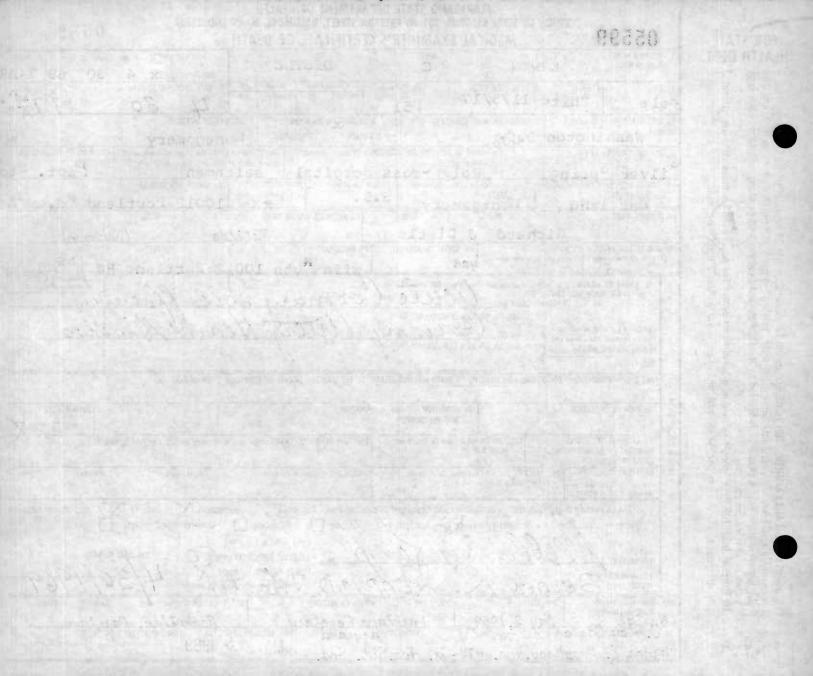
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05593 **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 2a. DATE KNOWN (Type or Print) ESTI-MACNEAL. KATHLEEN DENT DEATH MATED IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD pup 7/4/66 White Female YRS Depai 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X 9. COUNTY OF DEATH should be forwarded to the Chief Medical Examiner's Office offer with form country) Wash. D.C. Montgomery U. S. WIDOWED [DIVORCED [the State 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address Holy Cross Hosp. during most of working life, even if retired.) **INDUSTRY** Silver Spring None 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN death. 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmissian) STATE 136 COUNTY Prince Geo Beltsville YES X NO 13024 Ingleside Drive l and 2 after 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME Theodore H. Dent .Jr Mary Powars haurs 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS be executed within (Yeshno, ar unknawn) None Theodore Dent, Sr., Chevy Chase. File within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave rise ta immediate cause (a), certificate shauld writing the word any DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .⊑ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O be used CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [the certificate. 3 should b 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year PRIMARY FOR CONTRIBUTING MEDICAL crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, the funeral directar. Page 4 WHILE NOT WHILE T factory, office by burial, far 220. I certify that I took charge of the remains described above, held on Autops Inspection X Inquiry X ond in my apinion death resulted from: Natural causes Accident 1 Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) 50 23g. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) 4/15/69 Gate of Heaven Cemetery Silver Spring, Maryland 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 5130 Wiscomson Ave. N.W. 2Sb. REGISTRAR'S SIGNATURE Kunden VR A15ME (5) Washington, D.C. 20016 Jos. Gawler's Sons, 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

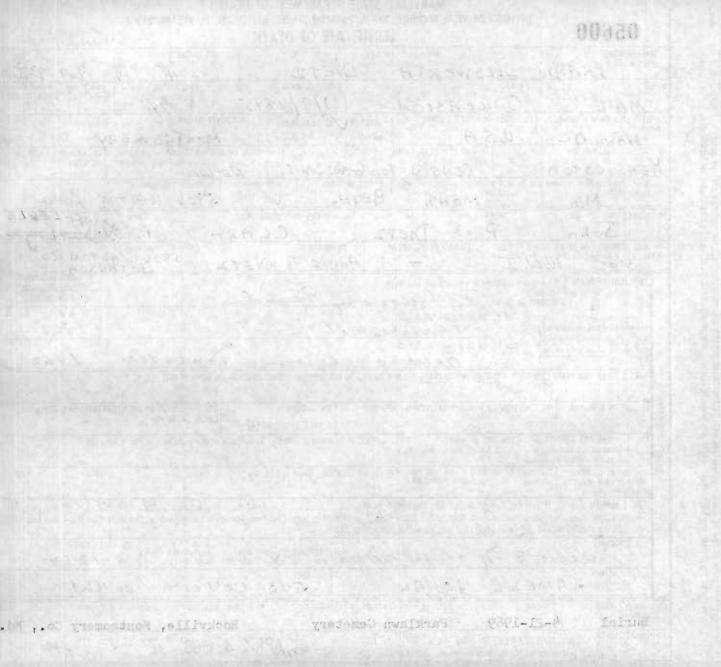
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05594 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME Middle First DIETLE 20. DATE KNOWN Month (Type or Print) ERWIN C OF ESTIany delay is 2, and 3 ta PM3. Page 30 169 DEATH MATED af ment 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD White 11/5/17 Male Depart 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Office alang with farm Washington D. (S) WIDOWED [DIVORCED Montgomery 8. Give Pages Stat 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH INDUST Dept give street oddress) during most of working life, even if retired.) the Spring ross Hospital Holv salesman death. 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b, COUNTY 3.5. YES NO 10012 Item 1 S 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME J Dietle 24 Richard __ haurs bages e certificate, writing the ward "pending" in pencil in should be farwarded to the Chief Medical Examiner 160. WAS DECEASED EVER IN U.S. ARMED FORCES? pencil 16b. SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** within (Yes, no, or unknown) (If yes give war or dates of service) 10012 File APPROXIMATE INTERVAL within be executed 18. CAUSE OF DEATH (Enter only one couse per line 10 (a), (b), and (1) permit. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) any event DUE TO, OR ASSA CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (o), This certificate shauld DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 0 remaval, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES pe D 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 3 shauld HOUR A.M. PRIMARY OR CONTRIBUTING burial, cremation, CAUSE OF DEATH 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, City or Town County Stote foctory, office building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection X Inquiry and in my opinion the funeral director. Natural causes Accident Undetermined manner death resulted Ham: Suicide Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Health **EXAMINER'S** may NAME (Type) (county) 0 BURIAL, CREMATION 23b DATE 23d. LOCATION (County) REMOVAL (Specify) Parklawn Cemetery Rockwin ADDRESS Maryland 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) 10M REV. 1/68 Pumphrey, Inc. 8434-Ga. Ave Sil

MARYLAND STATE DEPARTMENT OF HEALTH



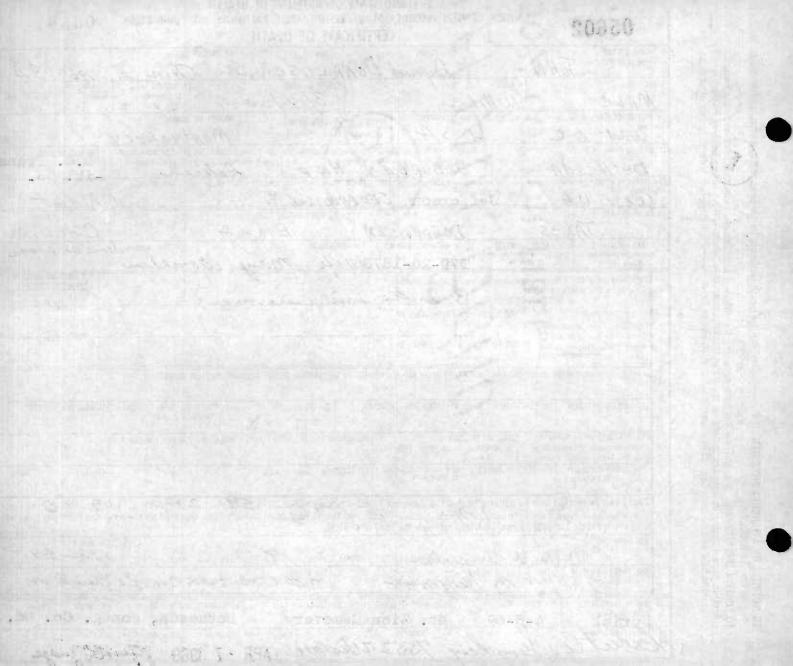
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JING PHYSIC by the hospit ffer this certii be detached State Dept. af	While Not work	of while	OFFICE BUILDING, ETC.			3.00			
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ND Ad b	saw	he deceased ali	ve an aug 12 1	ed fram, 1969 9 6 7, and that in (my) (aur) apir	nian death accurred an the date	and haur and fram the			
A ATTENI retained ECTOR: A 3 shauld with the	cause	es statea abave,	(W (we) (dig) (did not) view the	bady after death.					
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ITA May SAL Pe be f	22d. PHYSICI NAME (1	YPE) JAM	ESE NOLAN	22e. ADDRESS	vestern Avei	KI I. I			
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior to									
Age Jired Share	230. BURIAL, CREN	1f. A		CEMETERY OR CREMATORY .		(County) (Stote)			
5 5 6	24. FUNERAL DIRE		1-1969 Parklay	m Cemetery	Rockville, Montgo	mery Co., Md.			
VR A15 43 45M - 1 A50		JOSEPH	GAWLER'S SON, INC. ADDRESS	DATE	REGISTRAR S SUC 35 PEGISTRAR'S SUC	y sudge			
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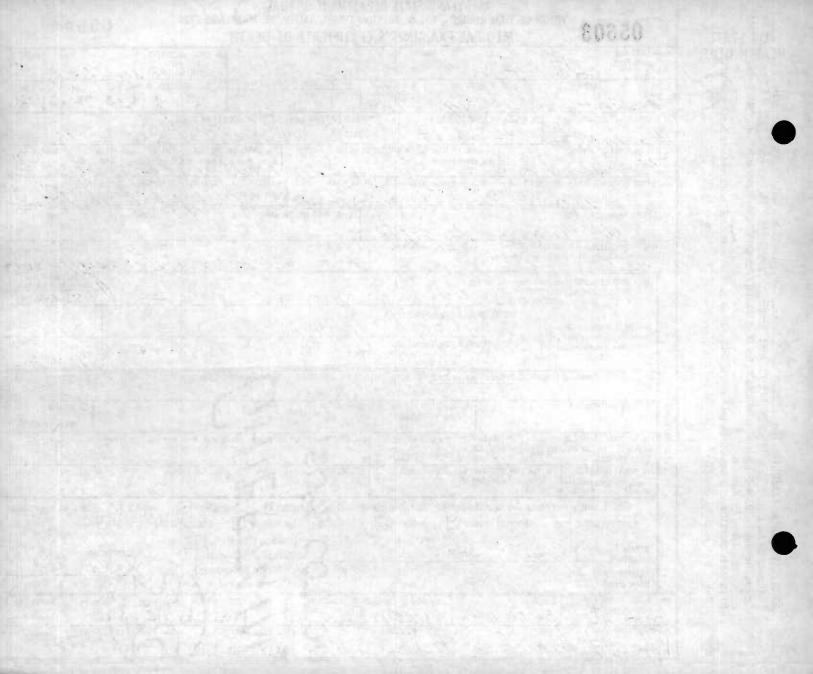
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05596 HEALTH DEPT. 1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Yeor 2b. HOUR (Type or Print) OF ESTI Page 25 9 PM 1969 Annie M. Dimmie DEATH MATED ny delay 2, and 3 IF UNDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR Negro 1-26-1890 Fe Yeor 9 PM 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH B. country) Virginia Office along with farm U.S.A. Montgomery WIDOWED [7] DIVORCED Item 18. Give Pages with the State 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during may of most entity. The if retired.) 915720 Bradford Rd. INDUSTRY None Norbeck 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER death. odmission) STATE 13b. COUNTY Montg. 15720 Bradford Rd. Md. Norbeck YES NO haurs land 2 after 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Kissie Anderson Unknown .= hours same as 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS be executed within (Yes, no, or unknown) Mrs. Helen Hatton (daughter) above Exam within 72 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per lipe for (o), (b), and (c).) BETWEEN ONSET AND GEATH permit. shauld be farwarded to the Chief Medical PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (a). shauld Word and in any DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse writing the certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) remaval, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? certificate, YES [3 should be Б 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) HOUR A.M. MEDICAL PRIMARY OR CONTRIBUTING crematian, P.M CAUSE OF DEATH 21d. INIURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote ar your foctory, office building, etc.) NOT WHILE AT WORK priar ta burial, 22a. I certify that I took charge of the remains described above, held an Autapsy Inspection and in my opinian may be retained FUNERAL DIRECT death resulted from Natural couses Accided Suicide. Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER funeral SIGNATURE . DEPUTY MEDICAL EXAMINED **EXAMINER'S** Health NAME (Type) the 0 23o. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 5-3-69 PALMYRA SHILOH RAPTIST CEM FLUVANNA 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 5 1969 VR A15ME DALAY ROBERT SNOWDEN ROCKVILLE, MD

MARYLAND STATE DEPARTMENT OF HEALTH

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5		O.E.	602	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					0559	17		
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exe	o pu aux	14. FATHER'S NAM	NE First	Middle	Last	15.	MOTHER'S MAIDEN N	NAME First		Middle		Last
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requires that the deoth certificate be executed a bhysicion.	phys en p oval,	Yes, na, ar unk	nawn) (ii yes give	wor or dates of service)	579-26-18	378W	fe m	any	Sorald	ion		0
9	The	18. CAUSE	OF DEATH (Enter or	nly ane cause per l	ine far (a), (b), and (c).)		l .	0		1.00	APPROXIMA BETWEEN ONSI	TE INTERVAL ET AND OEATH
eo ‡	andi nit.	PARIT	. DEATH WAS CAUSE IMMEDI	:D BY: ATE CAUSE (a)	Bronch	sy ene	à cere	caren	-Lal		12	11
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The law requires that attending physicion.	sign buri buri	PART 2. OT	IER SIGNIFICANT CO	NDITIONS CONTRIB	JTING TO DEATH BUT NOT	RELATED TO	THE TERMINAL DISEA	SE OR CONDITIO	N GIVEN IN PART 1(a)		
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o je	be Is th	19a. DATE OF	OPERATION 19b	CONDITION FOR WI	HICH OPERATION WAS PERF	ORMED	20a. AUTOPSY?		20b. IF YES, WERE F	INDINGS CON	SIDERED IN CERT	TIFYING
aff a	hos se c	19a. DATE OF					YES 🗍	NO 🔀	CAUSES OF DEATH?			
∵ ö	ofe r u	€ 21a. ACCIDE	NT WAS UNDERLYI			21c. HOV			of injury in Part 1 o	or Part 2, Ite	m 18.)	
E C	清るモ		uting CAUSE OF DEA		Manth Day Year							
YSI	cert chec	21d. INJURY	OCCUPPED 1210		(AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	ORY.) 21f. LOC	ATION Street or R.I	F.D. Na.	City or Town		County	State
OR ATTENDING PHYSICIAN: The low be retained by the hospital or attendin	this eta De	While 1	Nat while at wark		OFFICE BUILDING, ETC.	/						
NG >	ter de d	22a. ce	rtify that ((1) (th	nis haspital) att	ended the deceased	fram	Sent	19.59	10 2 120	z 196	9 that #	D(we) Inst
Q P	d b	saw	the deceased o	live an	19 19	64, and	that in (my) Lou	ır) apinian d	eath accurred o	n the date	and haur an	d fram the
E	9 de 4	canz	es stated abov	e, (I) (we) (did)	(did not) view the bo	ady after de	ath.					
A te	wit with	22b. SIGNAT	JRE !	1. 1.			ATTENDING _	MED.	STAFF C	22c. DA	TE SIGNED	1.6
5.9	Dig e de d	- /	10-04	ull lles	Jonas	DEGREE	PHYS.	DIRECTOR	PHYS. L		13/200	27
TO HOSPITAL Pode 4 may b	To SUVERAL DIRECTOR: After this certificate has been signed by the ottending physician and conditions and director, page 3 should be detached for use as the burial-transit permit. Then please remonstrated be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any	22d. PHYSIC NAME (Type) John	mm	wyman		22e. ADDRESS	want	JIKAVE	. Bet	hande	in
10SI	UNE	23a. BURIAL, CRE	MATION. 23b.	DATE	23c. NAME OF CE	METERY OR C	REMATORY	23d	LOCATION (City or To	iwn)	(Caunty)	(State)
0.	dire	REMOVAL (S	ecity)	4-5-69	Mt. Zi			Be	thesda,	Mont	g. Co	. Md.
	1 20	24. EUNERAL POR		0	/ ADDRESS		2Sa. F	REC'D BY REGIS		GISTRAR'S SI		
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05598 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME 20. DATE KNOWN Month 2b. HOU (Type or Print) ESTI-Page DEATH MATED 6. AGE (in years 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOLINCED DEAD P.M3. last birthday) Doy 30 Yeor 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH and 2 with the State De the Chief Medical Examiper's Office along with form WIDOWED DIVORCED in Item 18. Give Pages be executed within 24 haurs after death 10. CITY OR TOWN OF DEATH AOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work-done 12b. KIND OF BUSINESS OR. during most of working life even if retired.) INDUSTRY 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY hours after 14. FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME Lost First pencil 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) File .⊑ within APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Sodden IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (a), should writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= be farwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) certificate D SD remaval, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. YES SC NO F pe 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should 4 shauld MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote FUNERAL DIRECTOR: Page foctory, office building, etc.) NOT WHILE I AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy Inspection X Inquiry 7 and in my opinion deoth resulted from: Notural couses Accident Suicide [Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may TO FUNE Health NAME (Type) ADDRESS(Street, city, town, or county) the BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) incoln Park 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Millone VR A15ME (5)



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fer fer	3. S		4. RACE		S.	DATE OF BIRTH		6. AGE (In	years II	F UNDFR 1 YEAR	IF UNDER 24 HRS.
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executed within ad campletely fille emove carban pounty event, within		koma Park	Wash	eet oddress) ington S	anitar	ium Pai	mast of working			INDUSTRI	
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ar ate		210. ACCIDENT WAS UNDERLYI			21c. HOW	INJURY OCCURRED (En	nter nature of inju	ry in Port 1 o	or Port 2, Iter	m 1B.)	
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the det		ot work at work							75 100		
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OR ATTENE be retained JIRECTOR: A e 3 should ed with the		saw the deceased causes stated abav	e. (I) (we) (did) (d	lid nat) view the b	and the	iat in (my) (aur) a th	ipinian death	accurred or	n the date	and havi	and fram the
shoot and the state of the stat		22b. SIGNATORE	200		44, 41, 61, 404				22c. DA1	TE SIGNED	
OR DIRE		Shall	+ Ulson		DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	_	23-6	3
AIL D		22d. PHYSICIAN'S	IARTL	NEICE	20/	22e. ADDRESS					
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate directar, page 3 shauld be detached far us shauld be filed with the State Dept. af Healt		NAME (Type) 3/C	1115/2	11220	U	KOCK	VILLE	IMD.			
HO Ige FUN Fun	230.	BURIAL, CREMATION, 23b.	DATE	23c. NAME OF C				ON (City ar Ta		(Caunty)	(State)
5 5 5 V	L	REMOVAL (Specify)	125/69		W BRA			VESTI		ER, K	D.MD.
VR A15	24.	FUNERAL DIRECTOR	1 /2.	ADDRESS		2Sa. REC'T	BY REGISTRAR		GISTRAR'S SIG		
45M - 1/68		7. 5 myers,	fr wes	nuster	, ma	DATE	25 196	DA Kr	leavel	y Joseph	22

9	A	05605	DIVISION OF VITAL RECORDS,		, BALTIMORE, MARYLAND 2120	0500
	100	Item#7a.FilmGl:]	2 5/71/60 km	CERTIFICATE OF DEA	ATH	05600
	i 22	1. DECEASED-NAME F	rst Middle	Last	2a. DATE OF DEATH	2Ь, НОСРУ
	24 haurs after death ed in by the twoerd ppers. Pages 4 and 172 haurs ake death	(Type or print) Jes	se Carl	Downing	April 2	7, 1969 11:57
	- I+-	3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
	aft the same s	Male	White	17 April	. 1919 last birthday)	RS. MONTHS DAYS HOURS MIN
	by P.	7o. BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED	9. COUNTY OF DEATH	
	4 h J in Jers 72 h	Washington DC	USA	WIDOWED DIVORCED [Md.
	fille fille hin	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN give street oddress)	STITUTION (If nat in haspital	 USUAL OCCUPATION (Kind of work do uring most of working life, even if retire 	ne 12b. KIND OF BUSINESS OR INDUSTRY U.S.
	with See with	Bethesda	The Clinical	Center, NIH	Press Secretary	Government
	ed plet car ent,	13a. USUAL RESIDENCE (Where dec	eased lived, if institution: Residence before	1	SIDE CITY LIMITS? 13e. STREET AND NUMBER	
	com som	odroission). STATE Virginia	Arlington	HI TING COIL	- OTTS NOT CIT	
-	\$ B B 2	14. FATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN		
	die die	Jesse	Downin	g	Mamie	Bruce
	ne death certificate be executed within 24 ho attending physician and completely filled in permit. Then please remave carbon papers, ian, or remaval, and in any event, within 72 h	16a. WAS DECEASED EVER IN U.S. Yes, no, ar unknawn) (If yes s	ARMED FORCES? 16b. SOCIAL SECURITY	NO. 17. INFORMANI Beth	nesda, Md. 20014 Addres	nical Center
	ph) nen ava				II hecords, the cri	APPROXIMATE INTERVAL
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	ATTENDING etained by th CTOR: After I shauld be d vith the State	saw the deceased	(this haspital) attended the deceased alive an 27 April ave, ((a) (did) (did) (did) (view the	19 <u>69</u> , and that in (364) (a bady after death.	aur) apinian death occurred on the	e dote ond hour and from the
	ATI etaii Sha iit	22b. SIGNATURE	11 1 200		MED CTAFF	22c. DATE SIGNED
	OR De r	Toward &	1. Taufman Mt	DEGREE PHYS.	DIRECTOR PHYS.	28 April 1969
	AL Day begge	22d. PHYSICIAN'S	17 /	22e. ADDRESS	The Clinical Cente	r, National
	TO HOSPITAL OR ATTENE Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the		ard H. Kaufman, MD.		tutes of Health, Be	
	HO FUN Paul			CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
	5- 5- 10 P			nal Memo. Par		
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				RYLAND STATE DE			
		05606	DIVISION OF VITAL RE			MORE, MARYLAND 2120	01
		00000		CERTIFICAT	E OF DEATH		05601
			irst Mid	dle	Last	2a. DATE OF DEATH	2b. HOUR
	K	THE OF PRINT	C.	Du	RLAND	Month	Day Year 5 41
ŀ	3. SI		4. RACE	S. I	DATE OF BIRTH	6. AGE (In years	
_		FEMALE	WhITE		9/12/7	[last birthday]	YRS. MONTHS DAYS HOURS MIN
l		BIRTHPLACE (State or fareign	76. CITIZEN OF WHAT COUNTRY	IVIAKKIEU	ALAEK WINKKIED	O. COUNTY OF DEATH	
ŀ	10 /	TY OR TOWN OF DEATH	USA	WIDOWED		MONTGOMER.	
	R	OCKUILLE	give street address	CUALLEV H	RSING during mo	L OCCUPATION (Kind of work of st of working life, even if retir ewife	fane 12b. KIND OF BUSINESS OR INDUSTRY
	13a. adm	USUAL RESIDENCE (Where decission) New York	ceased lived if institution: Residence 13b. COUNTY	te before 13c. CIV OR TOV	VN 13d. INSIDE CITY LIN YES NO	13e. STREET AND NUMBE	R
1		ATHER'S NAME First William Porte	Middle er Chapman	Last IS. MC	THER'S MAIDEN NAME Fin	st Midd nes	lle Last
	160.	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166, SOCIAL	SECURITY NO 17 INFO	TIAMS	2000 8744	bson Place, N.W.
		es, na, ar unknawn) (if yes g	071-0	9-9698) Mrs	Larned Blat	chford Washir	ngton, D.C.
I		1B. CAUSE OF DEATH (Enter	r anly ane cause per line far (a), (b), and (c).)	0 /	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
١			IEDIATE CAUSE (a)	erebral	motar	tron	24 lus
		Conditions, if any, which go	DUE TO, OR AS A CONSEQU	JENCE OF	A		2111
I		rise ta immediate cause (c	a), (b)	Cerun	Juron	don	IT has
		stating the underlying cau last.	DUE TO, OR AS A CONSEQUENCE (c)	Circles	ante	resction	o Juliputi
		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1(a)	
	NOIL	190. DATE OF OPERATION 1	19b. CONDITION FOR WHICH OPERATION	N WAS DEDECOMED T	20a. AUTOPSY?	JOH IE VES WEDE EINDU	NGS CONSIDERED IN CERTIFYING
	CERTIFICATION	Transpare of organism	The condition for which of Exame	THE TEN ORMED	YES NO [7]	CAUSES OF DEATH?	NOS CONSIDERED IN CERTIFTING
		210. ACCIDENT WAS UNDER		21c. HOW I		nature of injury in Part 1 or Pa	ort 2, Item 1B.)
	MEDICAL	OR CONTRIBUTING CAUSE OF (If either, natify medical exc		oy Year 19			
	ME	21d. INJURY OCCURRED 2 While Nat while	21e. PLACE OF INJURY (AT HOME, FARM OFFICE BUILDIN		ON Street or R.F.D. No.	City or Town	County State
			(this hospital) attended the	deceased from	1-1/ 19/	7. to 4/ 5/	, 19 69 , that (I) (we) las
		sow the deceased	glive on 7/	19 69, and the	at in (m/) (our) opin	ion death occurred on th	ne dote and hour and from the
		22b. SIGNATURE	ave, (I) (we) (did) (did not) vi	iew, ine bady after deaf	n. 6		22. DATE SIGNED
		Man	What In.	DEGREE	ATTENDING PHYS.	B. STAFF PHYS.	22c. DATE SIGNED
		22d. PHYSICIAN Ste	phen N. Jones		22e. ADDRESS Rockville,		1/1/67
	0.5						
ļ	230.	DEMOVAL (Conside)		NAME OF CEMETERY OR CRE/		23d. LOCATION (City or Town) Prince George	
			Funeral Home-13:				RAR'S SIGNATURE
	1	yson wheeler	Rockville, N	Md.	ARR 1	1 1969 gclia	when Judge
					171111	1 1000 17	7 0 0

% 1	05607		, 301 W. PRESTON STREET, BALTIM CERTIFICATE OF DEATH		05602
death. neral and 2 death.	1. DECEASED-NAME (Type or print) Har	ry Leonard	lost Easton	2a. DATE OF DEATH April Manth 12 Day	69 Yeor 2b. HOUR 6.am
4 haurs after death. In by the funeral E. Bages 1 and 2 7 hours after death.	3. SEX Male	4. RACE White	S. DATE OF BIRTH Aug. 17th 19	IKJ.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
4 haur	7o. BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? $\mathbf{U}_{\bullet}\mathbf{S}_{\bullet}$	WIDOWED DIVORCED	COUNTY OF DEATH Montgomery	Md.
within sely fille ban, pa within	10. CITY OR TOWN OF DEATH Sandy Spring	give street oddintg	omery General duconst	OCCUPATION (Kind of work done of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
camplet ave car	13o. USUAL RESIDENCE (Where de odmission) STATE Maryla i	reased lived, if institution: Residence before nd 13b. COUNTY Montgomer	y Sandy Springs NO	Tool officer this Hombert	pring Rd
icate be executed within 24 sician and campletely filled in please remave carban, page 11, and in any event, within 72	14. FATHER'S NAME First Harry	Middle Lost Shield Eas		Middle S	Disney
physicia physicia phea phea wal, an	Yes, no, ar Yolgown) (If yes	ARMED FORCES? jive wor or dates of service) 16b. SOCIAL SECURITY 216-10-6		Saston Same as	
The law requires that the deoth certificate be executed within 24 haurs after death attending physician. has been signed by the attending physician and campletely filled in by the funeral isse as the burial-transit permit. Then please remaye carbon, pages. Pages I and the priar to burial, crematian, or remayal, and in any event, within 72 hours after death	Conditions, if ony, which go rise to immediate couse (stating the underlying cat last. PART 2. OTHER SIGNIFICANT	EDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE O (b) DUE TO, OR AS A CONSEQUENCE O (c)	of tradi interlect		APPROXIMATE INTERVAL OTWEN ONSET AND DEATH
The law attendi	RTIFICA	9b. CONDITION FOR WHICH OPERATION WAS 6	YES NO	20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	2164
SICIAN: spital ar artificate ed far u	S ☐ OR CONTRIBUTING ☐ CAUSE OF	DEATH HOUR A.M. Month Doy Yes	19		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 shauld be detached for use as the burial-transit shauld be filed with the State Dept. of Health priar to burial, crematically and the state Dept. of Health priar to burial, crematically and the state Dept.	While Not while at wark 22a. I certify that (I) sow the decease causes stated ab	(this hospital) attended the deceo	DEGREE PHYS. MED DIRE		County State (1) (wa) last the ond hour ond from the
ro Hospital Page 4 may To FuneRal I director, pag	23o. BURIAL, CREMATION, REMOVAL (Specify)		F CEMETERY OR CREMATORY	23d. LOCATION (City or Town) Sandy Spring Mo	(Caunty) (State)
VR AT SOM REV.	24. FUNERAL DIRECTOR Francis H.	ADDRE	SS 2Sa. REC'D BY I	REGISTRAR 2Sb. REGISTRAR'S	

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Man Taranta Ragar 2 1 1994	ellimanu rec	Francis H. na

1				EPARTMENT OF HEAL		
П	05608	DIVISION OF VITAL RECO		STON STREET, BALTIMOR TE OF DEATH		DECAR
1.	DECEASED-NAME	First O Middle	CLKIIIICA		DATE OF DEATH	05603
	(Type ar print)	ary B.	omme	ert	Manth 4 Day	Gear 2b. Halle
3.	Temale	& White	S.	7-30-84	6. AGE (In years last bythday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
70 cc	BIRTHPLACE (State or foreigning)	11 = 1	8. MARRIED WIDOWED	NEVER MARRIED S	INTY OF DEATH	75(1) M
10	ATY OR TOWN OF BEATH	11. NAME OF HOSPITAL give street address)	OR INSTITUTION OF not in	n hospital 120. USUAL OCCI during mast af y	UPATION (Kind of work dane warking life, even if retired.)	126/KIND OF BUSINESS OR
13 ad	o. USUAL RESIDENCE (Where of mission) STATE	deceosed lived, if institution: Residence by	efore 13c. CITY OR TO	WN 13d. INSIDE CITY LIMITS? YES NO	130. STREET AND NUMBER	Dum Avenue
14	. FATHER'S NAME First	Middle L	ost S. M	OTHER'S MAIDEN NAME First	Middle	Lost
16	a. WAS DECEASED EVER IN U.	S. ARMED FORCES? 16b. SOCIAL SECU	IRITY NO. 17. INFO	MARY	A.	VHAFER
-		es give war or dates of service)		ERA H. CLAR	111 S. Siemm	ist Aic. no
	PART I. DEATH WAS (ter anly ane cause per line far (a), (b), ar CAUSED BY: MEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENC	erebral	Vascelar A	ecident	APPROXIMATE INTERVAC BETWEEN ONSET AND DEATH
	Conditions, if ony, which	gave)		terios clero.	515	
	rise to immediate cause stating the underlying co	duse DUE TO, OR AS A CONSEQUENCE	E OF			
	DAPT 2 OTHER SIGNIFICAN	(c) (c) TO CONDITIONS CONTRIBUTING TO DEATH E	LIT NOT DELATED TO T	IF TERMINAL DISEASE OF COMPLETE	ON CAUTH IN CART 1/ 1	
7	The State of the	TO CONDITIONS CONTRIBUTION TO DEATH E	OF NOT KELATED TO TE	IE FERMINAL DISEASE OKCONDITI	UN GIVEN IN PART I(d)	
CFRTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION W	AS PERFORMED	2Da. AUTOPSY? YES NO NO	20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
MFDICAL CES		OF DEATH HOUR A.M. Manth Day P.M.	Yeor 19	INJURY OCCURRED (Enter nature	e of injury in Part 1 or Port 2,	Item IB.)
MI	While Nat while at wark			TION Street ar R.F.D. Na.	City ar Tawn	Caunty State
	saw the decease couses stoted o) (this hospital) attended the de ed alive anbave, (I) (we) (did) (did not) view	1969, and th	at in (my) (our) opinion o	to <u>Hpr</u> 4, 19, deoth occurred on the do	16 the state of th
	22b. SIGNATURE	1. Cal in	A . DEGREE	ATTENDING MED. DIRECTOR	STAFE C	DATE SIGNED
	22d. PHYSICIAN'S NAME (Type)	L. 1. Len1		22e. ADDRESS GAITA	lers burg.	14d
23	o. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 23c. NAM	E OF CEMETERY OR CRE	MATORY 23d.	COCATION (City or Town)	(County) (State)
24	FUNERAL DIRECTOR	A B ADI	ORESS / 2	250 A PEGE BY REGIS	STRAP 69 25b REGISTRAR'S	SIGNATURE SEC.
	N.C. Nem	- Darnesia	un /	DATE	.000	0 0

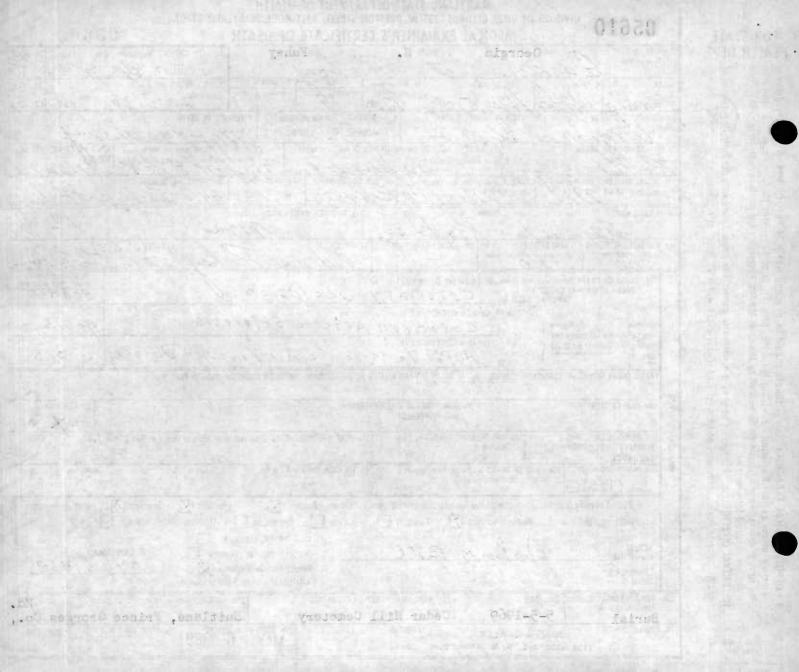
X	1	1	05609	DIVISION OF VITAL RECORDS,	D STATE DEPARTMENT 301 W. PRESTON STREET CERTIFICATE OF DE	r, BALTIMORE, MA	RYLAND 21201	05604	
	deoth.	1.	DECEASED-NAME First (Type or print) William	Middle	Evans I	20. DATE O	F DEATH Month 4 Doy		2b. HOUR A
	after ne fu jes l ofter	3.	Male	4. RACE White	s. date of Birth 6/12/	34	6. AGE (In yeors last birthday) 34 YRS.		F UNDER 24 HRS. HOURS MIN.
•	nin 24 hours filled in by the papers. Poe thin 72-hours	1 3	BIRTHPLACE (Stote or foreign untry) W. Va.	75. CITIZEN OF WHAT COUNTRY? U.S.	8. MARRIED NEVER MARRIED WIDOWED DIVORCED		omery		Md.
	icote De executed within 24 ha rsician ond completely filled in pleose remove carbon papers. I, and in ony event, within 72th	8		11. NAME OF HOSPITAL OR INS	s Hospital	12a. USUAL OCCUPATION dyring most of working Systems	(Kind of work dane life, even if retired.) nalyst	12b. KIND OF BI INDUSTRY DataP	JSINESS OR
7	completely ove carbon y event, wi	13 ad	a. USUAL RESIDENCE (Where decea mission) STATE Md.	sed lived, if institution: Residence before	Bowie 13d. II	NSIDE CITY LIMITS? 13e. S	TREET AND NUMBER 2845 Heli	day La	ne
G. A.	be exe	2 14	FATHER'S NAME First William Ge	Middle Lost eorge Evans Jr.	1s. Mother's Maiden Margue	NAME First rite Gar	Lach Middle		Lost
26	physician nen pleose noval, and i	16	d. WAS DECEASED EVER IN U.S. ARI Yes, no Euroknown)	MED FORCES? Vor or 50 1996 service) 16b. SOCIAL SECURITY I	NO. 17. INFORMANT Sylvia E	vans 1284	45 H •li da		
Med. Exam	equires that the death certificate becaxed physician. signed by the attending physician and coburial-transit permit. Then please remoburial, cremation, or removal, and in any		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDITED IMMEDITED IN THE PART IN T	(b)	bintestinal	Hemor	rhage	APPROXIMA BETWEEN ON:	ITE INTERVAL ET AND DEATH
4	equires that the physician. signed by the buriol-tronsit burial, cremat		stating the underlying couse lost.	Contributing to death but No.	OT RELATED TO THE TERMINAL DIS	SFASE OR CONDITION GIV	EN IN PART I(o)		
3	V: The law required or ottending plate has been since os the buself has been signed.	CEDTICICATION		CONDITION FOR WHICH OPERATION WAS PE		? 20b.	F YES, WERE FINDINGS (S OF DEATH?	ONSIDERED IN CER	RTIFYING
70	CIAN: Toitol or of tificate I for us of Health	MEDICAL CEDI		TH HOUR A.M. Manth Day Year	21c. HOW INJURY OCCURR	ED (Enter nature af inj	ury in Part 1 ar Part 2,	Item 18.)	
earco	PHYSI he hosp this cer letached	190	While Nat while at wark	. PLACE OF INJURY (AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.	Marie Control of the		γ or Town	County	State
0	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Desexecuted Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complet director, page 3 should be detached for use as the burial-transit permit. Then please remove car should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event.	/	22a. I certify that (I) (# saw the deceased causes stated abov 22b. SIGNATURE?	his hospital) attended the decease of the decease o	ed from	MED. DIRECTOR		DATE SIGNED	
	TO HOSPITAL Poge 4 moy b TO FUNERAL D director, page should be file	23	da. BURIAL, CREMATION, 23b. REMOVAL (Specify) AP	DATE 23c. NAME OF ril 14. 1969 Woodn	CEMETERY OR CREMATORY ere Cemeteru	23d. LOCAT	ION (City ar Tawn)	(County)	(Stote)
	VR A15 (4) 30M REV. 1/68	3	arner E. Pumphr	ey, Inc. Silver Spr	na Huenne			May Young	Men .

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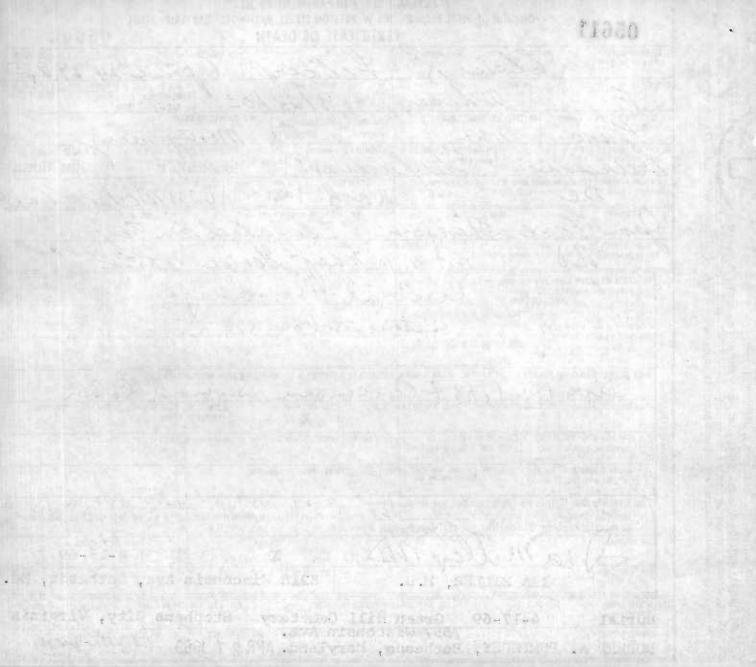
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05605 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. Middle S. Lost Fahev 1. DECEASED-NAME First Georgia 2a. DATE KNOWN Month Year 2b. HQUI r delay 1. nd 3 ta (Type or Print) ESTId. DEATH MATED ment 3. SEX 4. RACE DATE OF BIRTH AGE (In years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR P. and Yeor land 2 with the State Depart 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 4 should be farwarded to the Chief Medical Examiner's Office along with farm WIDOWED 🖂 DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR of the medeon during most of working life, even if refired.) 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CLTY 3e. STREET AND NUMBER death 13b. COUNTY YES NO after First Middle 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First hours pages 160, WAS DECEASED EVER IN 16b. SOCIAL SECURITY NO 17. INFORMANT be executed within (Yes, no, ar unknown) (If yes give war or dates of service) APPROXIMATE INTERVAL event within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Sudden Coronar IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave 40215 rise ta immediate cause (a), in any e certificate shauld stoting the underlying couse Tensive Cardio Voscolar Disease pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) D remayal, CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D. AUTOPSY? WAS PERFORMED? This YES DO NO T pe ar 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) 3 shauld MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote factory, affice building, etc.) FUNERAL DIRECTOR: Page WHILE NOT WHILE the funeral director. Page burial, 22a. I certify that I taak charge of the remains described above, held an Autopsy XI, Inspection X Inquiry 79 ond in my opinion Natural causes 179 Suicide [death resulted fram: Accident . Hamicide Undetermined monner CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE necessary, 5 m TO FUN. Health DEPUTY MEDICAL EXAMINER **EXAMINER'S** ADDRESS(Street, city, tawn, or county) NAME (Type) 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Cedar Hill Cemetery Suitland, Prince Georges Co., Burial 24. FUNERAL DIRECTOR JOSEPH GAWLER'S SON, INCADDRESS 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) \$130 WISC. AVE., N. W. WASH., D. C. 20016 10M REV. 1/68

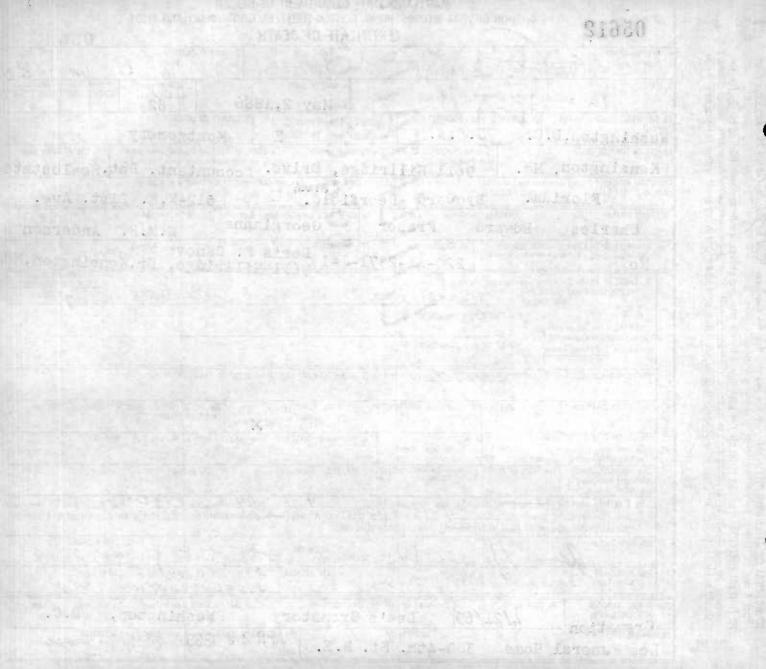
MARYLAND STATE DEPARTMENT OF HEALTH



		MARYLAND STATE DEPARTMENT OF HEALTH	
	05611	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	02011	CERTIFICATE OF DEATH	05606
	DECEASED-NAME First (Type or print)	Middle Last 20. DATE OF DEATH	2b. HOUR
	6	elsie & Felker april Do	14 Year 9 905
3. 9	SEX	4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) 7. VRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
7a.	BIRTHPLACE (State or foreign untry)	7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) 120. USUAL OCCUPATION (Kind of work done during mast of working life eyen if retired.)	Mb. KIND OF BUSINESS OR INDUSTRY Home
13a adn	. USUAL RESIDENCE (Where deceas nissian) STATE	ed lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	Own nome
14.	FATHER'S NAME First	Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Talvaster Ka
166	WAS DECEASED EVER IN U.S. ARN	le Stangert Elizabeth Rate Address 16b. SOCIAL SECURITY NO. 17. INFORMANT 01 Address	a/ ,
0	Yes, na, ar unknawn (If ye give w	or or dates of service) 519-24-2850 Mary Leonge attri	Emel as
	PART I. DEATH WAS CAUSED	ly one couse per line for (a), (b), ond (c)) D BY: OFF CAUSE (a) OFF CAUSE (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	7017	DUE TO, OR AS A CONSEQUENCE OF	
TCATION	Conditions, if ony, which gave rise to immediate couse (o), stating the underlying cause	(b) Circles Clero S (5) DUE TO, OR AS A CONSEQUENCE OF	
	last.	(c)	
0.0	PART 2 OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	00
NOIL	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? USb. IF YES, WERE FINDINGS C	ONSIDEDED IN CEDTIEVING
CERTIFICATION		YES YES NO CAUSES OF DEATH?	
MEDICAL CI	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examin	HOUR A.M. Manth Day Year	Item 18.)
WE		PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street at R.F.D. No. City or Tawn	Caunty State
	22a. I certify that (I) (thi	s haspital) attended the deceosed fram 3-24, 1967, ta 4-14, 19	69, that (I) (we) last
	saw the deceased al	ive an 4-14 1969, and that in (my) (aur) apinian deoth occurred an the da, (I) (we) (did) (did nat) view the bady after death.	ite and haur and fram the
	22b. SIGNATURE		DATE SIGNED
1	22d. PHYSICIAN'S NAME (Type)	RA MILLER, M.D. 220 ADDRESS Wisconsin Ave, B	
230	BURIAL, CREMATION, 23b. [(Caunty) (State)
24		4-17-69 Green Hill Cemetery Stephens Cit 755 ADDMSS SCONSIN AVE. REGISTRAR 256. REGISTRAR 256. REGISTRAR'S	
24.	ROBERT A. PU	MPHREY. Bethesda. Maryland APR 2 1 1969	was Judge.



12/	1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		05612	CERTIFICATE OF DEATH	05602
death.		ECEASED-NAME Type or print)	Middle S. ERASER 20. DATE OF DEATH Manth Day 4 20 20 20 20 20 20 20 20 20 20 20 20 20	Year 3 2 M
s offer copes	3. S	ex Male	May 2,1886 last birthday) RS. MO 82 YRS.	UNDER 1 YEÂR IF UNDER 24 NRS. INTHS DAYS HOURS MIN.
2 hour		BIRTHPLACE (State or foreign ntry) ashington, D.	7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Montgomery	Md.
thin 24 filled in paper	10.	CITY OR TOWN OF DEATH Kensington.	11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital give street address) 12a. USUAL OCCUPATION (Kind af wark dane during mast af warking life, even if retired.)	12h KIND OF BUSINESS OF
ompletely we carba event, w	13a	USUAL RESIDENCE (Where dece	ased lived, if institution: Residence before 13c. CITY OR TOWN Be ac 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
e executed within and completely for arban in any event, with		FATHER'S NAME First	Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Last
ertificate bei physician a nen please	160	Charles . WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT DOT'S F. Canova Address	Anderson
physing by physical p	-	No	220-44-23/μ-3-1 9611 Hillridge, Dr. Ne	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DING PHYSICIAN: The law requires that the death certificate be executed within 24 naurs after death by the haspital ar attending physician. After this certificate has been signed by the attending physician and completely filled in by the bedeatched far use as the burial-transit permit. Then please remove carbon papers, togges, I and State Dept. af Health priar ta burial, cremation, ar remaval, and in any event, within 72 hours after death		Canditians, if any, which gaven's to immediate cause (a) stating the underlying cause	((b)	BETWEEN UNSEL AND DEATH
requires the grand physician physician signed by the burial-trained to burial-trained to burial, cre	2	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
AN: The law re all ar attending ficts has been for use as the Health prior tal	CERTIFICATION	19a. DATE OF OPERATION 19	b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES \(NO N	SIDERED IN CERTIFYING
PHYSICIAN: 1 he haspiral ar this certificate letached for us Dept. of Health	MEDICAL CER	21a. ACCIDENT WAS UNDERLY DR CONTRIBUTING CAUSE OF D (If either, notify medical example)	HOUR A.M. Month Day Year niner) P.M. 19	m 18.)
UING PHYSIC by the haspii fter this certi be detached State Dept. al	ME	While Not while	OFFICE BUILDING, ETC.	Caunty State
= 77 77 60		22o. I certify that (I) (sow the deceosed couses stated abo	this hospital) attended, the deceased from 4-1, 1969, to 4-20, 1960 olive on 4-10, 1960, and that in (my) (our) opinion death occurred on the date ve, (I) (we) (did) (did not) view the body after death.	ond hour ond from the
TO HOSPITAL OR ATTENU Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the		22b. SIGNATURE 22d. PHYSICIAN'S	DEGREE PHYS. DIRECTOR DIRECTOR PHYS. 4	TE SIGNED - 20 - 69 RIVE
TO HOSPITAL Page 4 may E TO FUNERAL director, page shauld be file	234		DATE 23C. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(Caunty)(State)
Pog of shape shapes		REMOVAL (Specify) Cremation FUNERAL DIRECTOR	DATE 4/21/69 23C. NAME OF CEMETERY OR CREMATORY 4/21/69 Lee's Crematory Washington, ADDRESS 250 APR BYREGSTRAGE 250 REGISTRARS	
VR A15 (4) 30M REV. 1/68	1	Lee Funeral	Home 300-4th. St. N.E. DATE	es moder



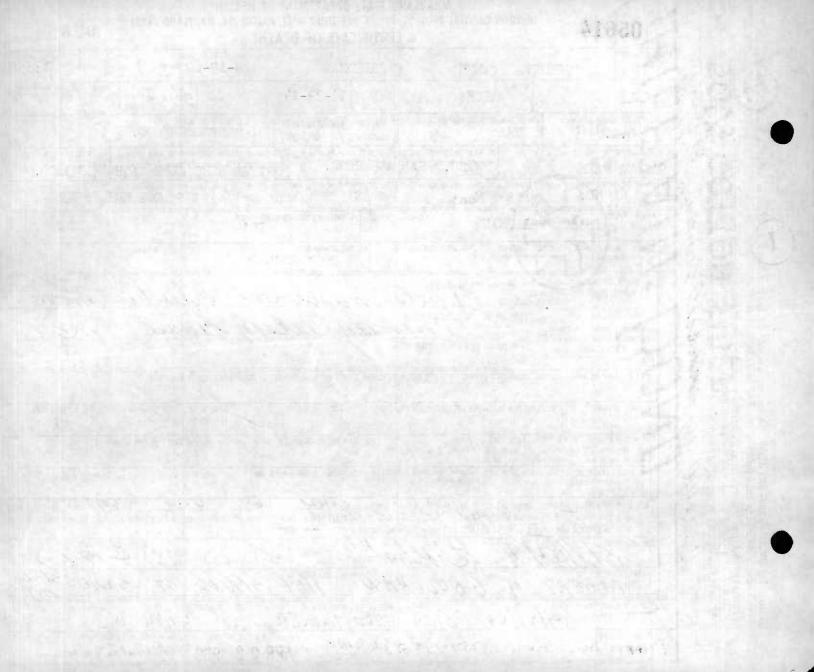
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05613 CERTIFICATE OF DEATH 05608 DECEASED-NAME First Middle 20 DATE OF DEATH 2b. HOUR hours after deoth. pup (Type or print) Manth Milton MMM Fried Apri 4. RACE 3. SEX S. DATE OF BIRTH IF UNDER I YEAR IF LINGER 24 HRS. 6. AGE (In years Poges last birthday) Male White 20 November 1915 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED transit permit. Then please remove corbon papers. cremation, or removol, and in ony event, within 72 ho New York completely filled in USA WIDOWED [DIVORCED [Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR executed within give street address) The Clinical Center, NIH during most of working life, even if retired.) Bethesda Trade Union 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE New York 13b. COUNTY 351 W. 24th Street YES X NO New York 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Middle Last attending physician and sermit. Then please rem Louis Fried T. pe Helen Gelfand requires that the death certificate 17. INFORMANT Bethesda, Md. 2001 Address 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes, mg or unknown) Not Available The Medical Records, The Clinical Center 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH Cerebellar subarachnoid hemorrhage Terminal IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove signed by the burial-transit p Acute renal failure 3 days rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Rheumatic heart disease years PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Poge 4 may be retained by the hospital or ottending **FUNERAL DIRECTOR:** After this certificate has been irector, page 3 should be detached for use as the Systemic Lupus Erythematosis 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a, DATE OF OPERATION 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? should be detached for use with the State Dept. of Heolth p YES XX NO | 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased from 19 March , 1969 , to 4 April , 1969 , that (1) (we) last saw the deceased alive an 4 April 1969 , and that in (1984) (aur) apinian death accurred an the date and hour and from the causes stated abave (we) (did) (did Not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING an PREGREE 5 April 1969 DIRECTOR director, poge should be filed 22e. ADDRESS The Clinical Center. National 22d. PHYSICIAN'S NAME(Type) Joseph L. Goldstein, MD. Institutes of Health, Bethesda, Md. 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION (County) -REMOVAL (Specify) Abr. 5, 1969 0 24. FUNERAL DIRECTOR B. Wangausky & Stack ADDRESS 3 6 6 1 - 14 57 ALCSO. REC'D BY REGISTRAR VR A15 (4) 30M REV. 1/68

Head to History

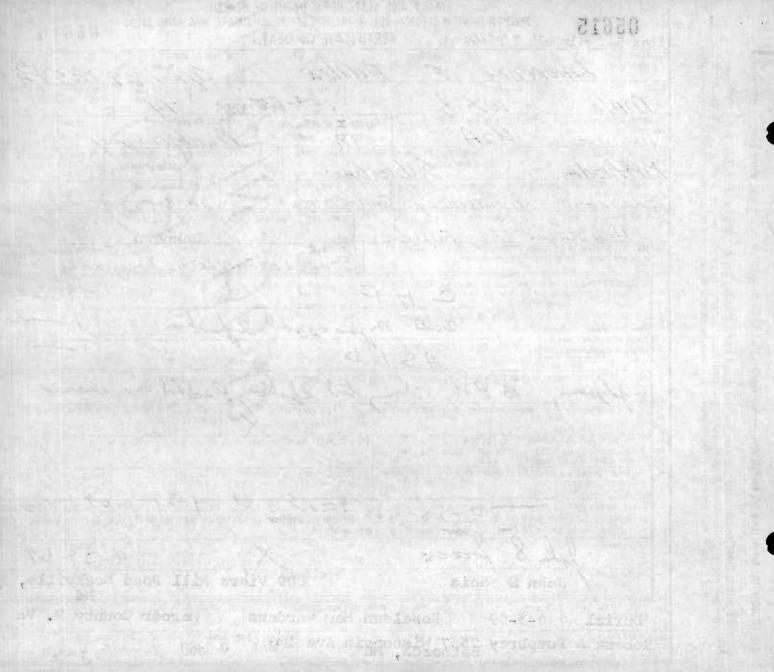
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thin 24 haur filled in by the n papers. Poc	Vo. BIRTHPLACE (Stote or for Country)	USA USA	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	MONIGOMERY CO.	Md.
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IAN: The low real or attending ficote hos been for use as the Health prior to	190. DATE OF OPERATION		YES 🗀	NO 20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	
G PHYSICIAN: the hospital o this certificate detoched for le Dept. of Hea	GOR CONTRIBUTING CAN (If either, natify medical 21d. INJURY OCCURRED While Nat while at work of wark	USE OF DEATH HOUR A.M. Manth Day Yea P.M.	19 21f. LOCATION Street or R	D (Enter nature of injury in Part 1 ar Part 2, F.D. No. City or Town	County State
AAL DOOR HELD	22a. I certify that	(1) (this haspital) attended the decease ased alive on a sum of above, (1) (we) (did) (did nat) view the limit of the control	1967, ond that in (my) (a bady after death.	ur) opinion death accurred an the do	DATE SIGNED DATE SIGNED SIGNED SIGNED SIGNED A SIGN
TO HOSPIT Page 4 mc PAGE 12 PAGE 4 PA	230 BURIAL, REMATION, REMOVAL (Specify) 24. FUNERAL DIRECTOR REMOVAL DRAW	236. DATE 23C. NAME OF CONTROL ADDRESS 2005. 301-148	-SHOLOM TALMUD 7.	REC'D BY REGISTRAR 2Sb. REGISTRAR S	
45141 - 1/09	.,		D.C. 94	PR 2 2 1969 Milliane	as Judge

VIVIL INCHES



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05610 CERTIFICATE OF DEATH FilmGhlh 7/25/69 DECEASED-NAME Middle 2a. DATE OF DEATH vithin 72 haurs after death (Type or print) 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR MONTHS DAYS HOURS 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? P 9. COUNTY OF DEATH 8. MARRIED 📉 NEVER MARRIED country) ⊑ WIDOWED 1 DIVORCED VIRGINIIA 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Mind of work done give street address during mast of warking life, even if retired.) remave carban 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed admission) STATE 13b. COUNTY POMER NO OPITHE and in any 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle Last HENDERSON attending physician overmit. Then please FULLER Unknown 16b. SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes no or unknown) (If yes give war or dates of service) burial, crematian, ar remaval, STARGLE FULLER-112 DEERPARE DR. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave) signed by the burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION, GIVEN, IN PART 1(p) priar ta has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. QS O 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [be detached far use State Dept. af Health TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Manth Day Year (If either, natify medical exominer) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County While Nat while at wark OR ATTENDING 22a. I certify that (I) (this hospital) attended the deceased from saw the deceased alive an 19 67, and that in (my) (cor) apinian death accurred an the date and have and fram the be retained directar, page 3 should shauld be filed with the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE STAFF DEGREE DIRECTOR TO HOSPITAL O 22d. PHYSICIAN'S Mill Road Rockville. M John S Soia ers NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION. 23b. DATE 23d. LOCATION (City or Town) County REMOVAL Specify Roselawn Mem Gardens 4-3-69 24. EUNERAL DIRECTOR 57 Wisconsin Ave 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Pumphrey VR A15 (4) 45M - 1/69



MAKYLAND STATE DEPAKIMENT OF HEALTH

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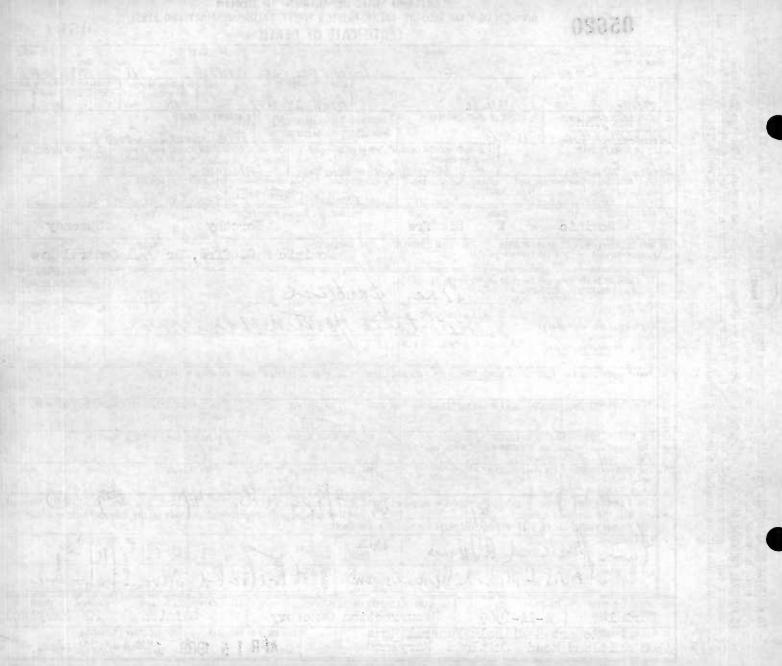
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05612 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First 20. DATE KNOWN Month 2b. HOUR (Type or Print) ESTI-DEATH MATED delay and 3 IF UNDER 24 HRS 6. AGE (In years IF UNDER 1 YEAR DATE PRONOUNCED DEAD 3. SEX 4. RACE S. OATE OF BIRTH -2d. HOUR PM3 Doy & March. 20 Year M. 1 and 2 with the State Depart 7o. 8IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) MONTAGIN WIDOWED [DIVORCED [48. Give Pages 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR alang with during most of working life, even if retired.) E2/Estate 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY MODITAONIETY 805 7 YES X within 24 hours Omice offer pencil/in Item 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Dolly Albert George Davis the Chief Medical Examiner's pages hours 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 5805 Wosevelt Street (If yes give war or dates of seene) (Yes, no, or unknown) 578-16-3444 Mrs. Helen C. George, Retherda File .⊆ within be executed 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH Carbon Monoxide Poisioning PART I. DEATH WAS CAUSED BY: pending 10 Min. IMMEDIATE CAUSE (6) DUE TO, OR AS A CONSEQUENCE OF Inhaling Auto Exhaust burial-transit Conditions, if ony, which gove rise to immediate couse (o). certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse _= forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) remaval, CERTIFICATION nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMEO? please execute the certificate, YES 🗀 pe shauld be 21o. EXTERNAL CAUSE WAS 10 21b. TIME OF INJURY Month, Dov. Yeor. 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) Plan miles 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. **EXAMINER:** crematian, 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY (At home, form, street, City or Town County Stote foctory, office building, etc.) may be retained far yaur FUNERAL DIRECTOR: Page Potomac-Montgomer Md GALDAR. 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inquiry DQ Inspection X and in my opinion the funeral director. Suicide X death resulted fram: Natural causes Accident Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may ro FUNE Health JOHN G. BALL, M.D. ADDRESS(Street, city, town, or control onery Md. NAME (Type) Co. 23o. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 4-9-69 Cedar Hill Crematory Cremation Suitland 7557 WPPsconsin Ave 250. RECD BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5) PUMPHREY, Bethesda. Md.

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	05618		DIVISION OF	VITAL RECORDS,				E, MARYLA	ND 21201	0504	
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	DECEASED-NAME (Type or print)	Nimh		Middle		Last	2a. [DATE OF DEATH N		OV. Year	2b. HQDM.
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3.	Male		4. RACE Whi	te	A S	April 2	1, 19	22 6. AG	GE (In years t birthday) 4 7RS	MONTHS DAYS	HOURS MIN.
10	BIRTHPLACE (State or untry)	nia		ed States	8. MARRIED WIDOWED	NEVER MARRIED [NTY OF DEATH			Md
3	fity or town of DE	ring,	Md . 11. N/	AME OF HOSPITAL OR INS	TITUTION (If not	. during	g mast af w	IPATION (Kind varking life, e trator	af wark dane ven if retired.)	12b. KIND OF BI	RING OF .
13 ad	a. USUAL RESIDENCE () missian) STATE MO	Vhere deceased	lived, if institut	ian: Residence befare Montgome	13c CITY OR TO			Dr.,		18607	oleta
14	. FATHER'S NAME	First Nichola	Middle As V Ger	Last	15. /	NOTHER'S MAIDEN NAM	Marg	uerite	Middle	West	Last
16	a. WAS DECEASED EVER	R IN U.S. ARMED		16b. SOCIAL SECURITY N		ORMANT			Address	346 (5)	3/25/7
	yes yes	WW I		186-16-774	2 Mr	. Ann Ger	ard,	Widow,	same a	as item #	13
	18. CAUSE OF DEA	TH (Enter anly	ane cause per lir	ne for (a), (b), and (c).	/					APPROXIMA BETWEEN ONS	ATE INTERVAL SET AND OEATH
2	PART I. DEATH	WAS CAUSED E	BY: CAUSE (a)	MAC	12			1/10/06	ALCOHOL:	mine	de
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3 2			100								
15	19a. DATE OF OPERA	TION 19b. CO	INDITION FOR WH	ICH OPERATION WAS PER	RFORMED	20a. AUTOPSY?		CAUSES OF D		CONSIDERED IN CER	TIFYING
CEPTIEICATION							9				
1			21b. TIME OF HOUR A.M.	NJURY Manth Day Year	21c. HOW	INJURY OCCURRED (I	Enter nature	af injury in P	Part 1 ar Part 2	, Item 18.)	
MEDICAL	(If either, natify m	edical examiner) P.M.	19							
M	21d. INJURY OCCUP While Nat while at wark at wark	RED 21e. PL	ACE OF INJURY	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY,) 21f. LOCA	TION Street or R.F.D.	. Na.	City ar Ta	wn	Caunty	State
3	22a. I certify t	hat (I) (this	hospital) atte	ended the deceose	d from	kely	95%	to Apr	ul 30,1	9_64, that ((I) (we) los
3	saw the d	eceased aliv	e on A	(did not) view the	947, and	hot in (my) (our)	opinian d	death accur	red an the o	late and hour a	nd from the
7	22b. SIGNATURE	ned above,	(1) (-we) (ala)	(dia nor) view the i	ody offer de	oiii.			220	. DATE SIGNED	-
4	ZZU. SIGNATURE	who	Mollo	0 /m.0.11	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAI	FF D	DAIL SIGNED	
1	22d. PHYSICIAN'S	rena y	Mari	rang u	T DEGILLE	22e. ADDRESS	DIRECTOR	· · · · · · · · · ·	3.		
1	NAME (Type)	Richa	rd Delai	ney			vard,	Shlve	er Spri	ng, Maryl	and
23	a. BURIAL, CREMATION	23b. DA		23c. NAME OF	CEMETERY OR CE	*		LOCATION (Cit		(Caunty)	(State)
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24				s Sons ADD In		O Wisc250. Are	REGIS	STRAR 2	Sh REGISTRAR	'S SIGNATURE	
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12	Pi:	Im Clay 1/27 /60: myssion of vital records, 301 W. Pression Street, Baltimore, Maryland 21201	05614
		05619 CERTIFICATE OF DEATH	00014
₩ ± - 2 €		ECEASED-NAME First Middle Last 2a. DATE OF DEATH	2b. HOUR
funeral s 1 and 2 ter death	1	Type or print) SARAH K. GINShurg Manth Day	Year 17 7 M
	3. S	S DATE OF RIDTH / - O C A ACE (In secre	IF UNDER 1 YEAR IF UNDER 24 NRS.
by the funerol Poges 1 ond 2	1	Fe male White 6-3-40 last birthday 70 Ex YRS.	MONTHS DAYS HOURS MIN.
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SSPIT SEPTIMENT OF STREET	MEDICAL	(If either, natify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. Na. City at Tawn	Caunty State
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OR OR COR		DEGREE PHYS. DEGREE OF DIRECTOR PHYS. 4-	-4-69
L D AL		22d. PHYSICIAN'S 22e. ADDRESS 11161 New Hampshire S	venue
ERA Be	1	NAME (Type) G. B. Cushner, M. D. Silver Spring, Md.	
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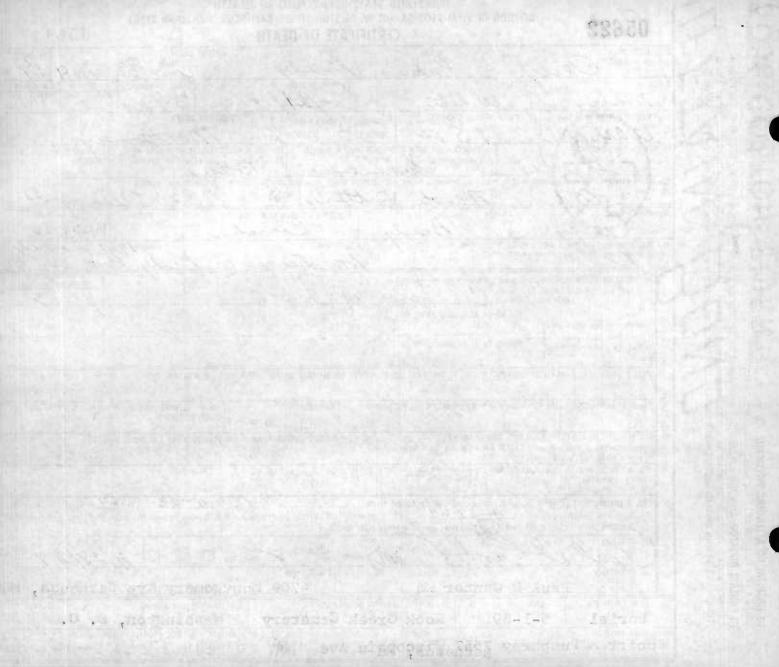
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9		OSOCO		CERTIFICATE OF	DEATH		056	15
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AN: I ar cate ar u		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF D			CCURRED (Enter note	ure of injury in Port 1 or Port	2, Item 18.)	
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PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death the haspital ar attending physician. The certificate has been signed by the attending physician and campletely filled in by the funeral stacked far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 Dept. af Health prior to burial, crematian, ar removal, and in any event, within 72 haurs after death	×	21d. INJURY OCCURRED 21 While Not while	le. PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY,) 21f. LOCATION Str	reet or R.F.D. No.	City or Town	County	Stote
the D det		at work ot work		149	10	11/10	62	-
DIN by by be be Sta	1	22a. I certify that (1)	this hospital) attended the deced alive on (i) vv, (I))(we) (did) (did not) view th	sed from T	my (our) opinion	dooth occurred on the	date and hour of	(I) (we) last
R: / wild the		lauses stated oba	ve, (I)) (we) (did) (did not) view th	e body after death.	(our) opinion	r deom octoned on me	uule janu noor c	mu nom me
F S S S S S S S S S S S S S S S S S S S	-01	22) SIGNATURE	Maria .	111	/	22	c. DATE SIGNED	1712
OR De r		In & mu	and News	DEGREE PHYS.	DIRECT	OR PHYS.	4/11/ Cac	
AL Dog		22d. PHYSICIAN'S	citation of News	1 8 1 m 22e. Al	DDRESS R. P.	01 81-	0 -	1
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 22 haurs after death.		NAME (Type)	S WILL WASHING	3 010 80	A ISCUIT	In sure	Jun M.	1
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	ter fur fer		3. SE	X	4. RACE		S. DATE O	OF BIRTH	6. AGE (In ye	OUTS IF UNDER I YEA	
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	physician physician en please ovol, and i	4	Y	es, no, o unknown) (If ye	es give war or dates of service)	O. SOCIAL SECONITION.	Son	Nemi	m Ha da	11 y 7/1/ Soc	1 Kly
	nov nov	5.0		18 CAUSE OF DEATH (En	ter anly ane cause per line, f	ing (a) (b) and (c))	2010 0	xurrus	101. Share	APPE	ROXIMATE MITERVAL
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H	The att	2	RTFI					NO S	CAUSES OF DEATH?		
8	AN: ol or core or u			21a. ACCIDENT WAS UNDE	OF DEATH HOUR A.M.	JURY Month Day Year	21c. HOW INJURY	OCCURRED (Enter	nature of injury in Part 1 or	Part 2, Item 18.)	
	Sicility Spite Spi		MEDICAL	(If either, natify medical e	examiner) P.M.	19					
	ha h		>	21d. INJURY OCCURRED While Nat while	21e. PLACE OF INJURY (AT	HOME, FARM, STREET, FACTORY,)	21f. LOCATION S	Street ar R.F.D. No.	City or Tawn	County	State
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	nay NAL Pa			22d. PHYSICIAN'S NAME (Type)	1 D C	343	22e. /	ADDRESS		D - 1-2	- 3 - 36
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Poge 4 may be retained by the haspitol or attending physician. TO FUNERAL DIRECTOR: After this certificate hos been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to buriol, cre		00		Paul D Cant				ntgomery A		
	FU Fu		23a.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 5-1-69	23c. NAME OF CEMET			23d. LOCATION (City or Tow		(State)
			_	FUNERAL DIRECTOR	D=T=03	Rock Cr	eek oell	2Sa. REC'D BY	Washingt	istrar's signature	
	VR A15 45M - 1/	(4)	R	obert A Pu	imphrey 755		in Ave	MAY	5 1969 Juli	mes Just	gen .



1/1			NO STATE DEPARTMENT OF		
1/6	05623	DIVISION OF VITAL RECORDS	5, 301 W. PRESTON STREET, BA		
	03045		CERTIFICATE OF DEATH		05618
# 10 P	1. DECEASED-NAME (Type or print)	First Middle	Lost	20. DATE OF DEATH	2b. HOUR
ATTENDING PHYSICIAN: The low requires that the death cartificate be executed within 24 hours after death. Stained by the hospital or attending physician. CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use os the burial-transit permit. Nen please remove carbon papers. Peggs 1 and 2 inth the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death.	H	lbert R	Graf	April	20 1969 M
and completely filled in by the fur remove carbon popers. Beggs I n ony event, within 72 haurs offer	3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
8.7	Male	White	March 31,	1900 69 YRS	
	7o. BIRTHPLACE (Stote or foreign		8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	Wisconsin	u.s.A.	WIDOWED DIVORCED	Montgomery	Md.
10	10 CITY OR TOWN OF DEATH Silver Spring	give street address)	rick Court	SUAL OCCUPATION (Kind of work done most of working life, even if retited.	12b. KIND OF BUSINESS OR INDUSTRY Of Hariculture
15	odmission) STATE	d lived, if institution: Residence before	Silver SpringES 13d. INSIDE CIT	Y LIMITS? 13e. STREET AND NUMBER 3502-Chismi	ck Court
1	14. FATHER'S NAME First Hen	Middle Lost ry Graf	15. MOTHER'S MAIDEN NAME Ame		Lost
	160. WAS DECEASED EVER IN U.S. Yes, no, orygnknown)	s ARMED FORCES?	YNO. 17. INFORMANT WAR	fe) Address - 3502 Chiswick	Ct., Silver
to burial, cremation, or removol, and in ony	Conditions, if ony, which or rise to immediate couse stating the underlying colost. PART 2. OTHER SIGNIFICAN	(0),	some of In	Record Trucker Recording Given in Part 1(0)	rkof
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	OR CONTRIBUTING CAUSE (P.M. Month Doy Yeo P.M.	19	nter noture of injury in Port 1 or Port 2	?, Item 18.)
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1	22b. SIGNATUR 22d. PHYSICIAN'S NAME (Type)	fa. Janes	DEOREE AFFENDING PHYS. 22e. ADDRESS	MED. STAFF 220	April SIGNED
should be filed with the		obert A. Barnett			/
	REMOVAL (Specify)	Apr., 23.1969 Ceda	F CEMETERY OR CREMATORY Hill Cemetery		(County) (Stote) aryland
A	Warner E. Pun	100000	Spring, Md. DATE	By REGISTRAR 1969 25b. REGISTRAR	s signature

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executed within 24 hours after death and completely filled in by the fungacinemave carbon papers. Pages 1-and any event, within 72 hours after death	10. C	TIARY LAND ITY OR TOWN OF DEATH Olney	11. NAME	OF HOSPITAL OR INS	TITUTION (If not in hospitoleneral Hosp	12o. USU/	AL OCCUPATION (King life one	nd of work dane	12b. KIND OF E	BUSINESS OR
ecuted with completely ave carbon y event, wi	13o. admi	USUAL RESIDENCE (Where deceossion) STATE Maryland	sed lived, if institution:	Residence before	13c. CITY OR TOWN Rockville	13d. INSIDE CITY LI	IMITS? 13e. STREET	AND NUMBER	st.,apt	. 29
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D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician of director, page 3 should be detached for use as the burial-transit permit. Then been should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in		Canditions, it ony, which gave rise to immediate cause (a), stoting the underlying cause last.	DBY: ATE CAUSE (a) DUE TO, OR AS A (b) DUE TO, OR AS A (c)	CONSEQUENCE OF	only, In	tess of	menein Shiny	plum little 202)	SO 30	NATE INTERVAL USET AND OFATH
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JING PHYSICIAL by the hospital ffer this certifica be detached for	W	While Not while at wark		HOME, FARM, STREET, FAC ICE BUILDING, ETC.		1.1	Q		County	State
TENDINA ined by OR: After ould be the State		22a. I certify that (I) (the saw the deceased of causes stoted obove	live an	20	and that in (my) (66r) opi	nion deoth occ	urred on the do	, that ite ond hour o	(I) (e) la and fram th
it should be be		22b. SIGNATURE	Mar	p- 1	DEGREE ATTEN		MED. S	TAFF D 22c.	DATE SIGNED 29 6	9
O HOSPITAL OR ATTEND Page 4 may be retained to FUNERAL DIRECTOR: A director, page 3 should be filed with the S			narles H. 1		D.		ndy Sprin			1
TO HO Page TO FUR		REMOVAL (Specify)	DATE /28/69	Hui	cemetery or (REMATORY nter Labora	tory		gton. D.	(County)	(Stote)
VR A15 (4) 30M REV. 1/68	24.	FUNERAL DIRECTOR		ADDRESS		DATE AY	1 1969	25b. REGISTRAR'S	les Judy	pe.

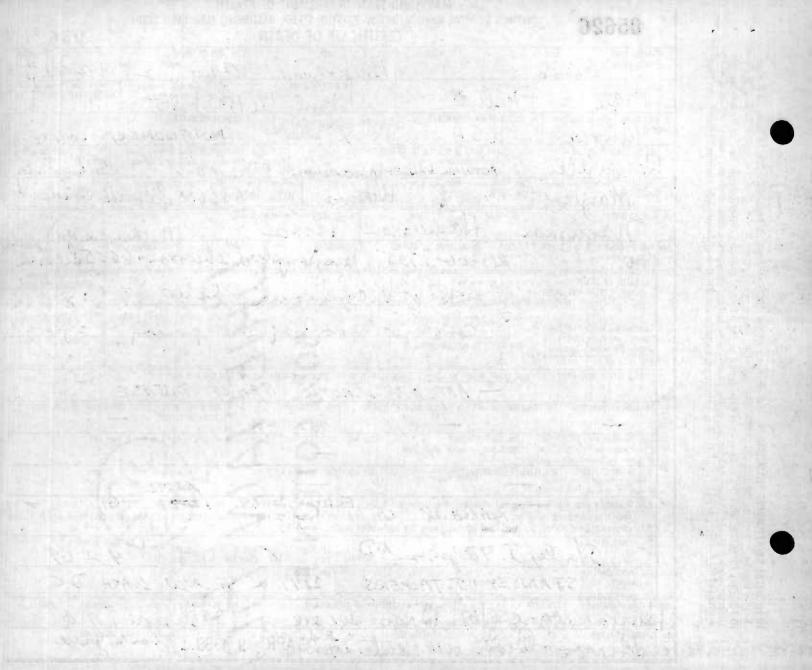
15336 gent the set were should be the fi dan, in mental and the last the second secon the call of the course of the call of the

		05625	DIVISION OF VIT		I. PRESTON STREET, BAL' FICATE OF DEATH	TIMORE, MARYLAND 2120		620
	1 0	CEASED-NAME First		Middle	lost	2a. DATE OF DEATH	00	2b. HOUR
		ype ar print) Corne		Isabell		April Months	Day 1969 eor	6:30 M
nii da	3. SE	X	4. RACE		5. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 NRS. HOURS MIN.
1951	96	Female	White		Sept. 7, 1	6. AGE (In years last birthday)	YRS.	HOURS MIN.
1		SIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT C	OUNTRY? 8. MAR	RIED NEVER MARRIED	9. COUNTY OF DEATH		
)	cour	Maryland	U.S.A.		WED 😾 DIVORCED 🗌	Montgomery		Md.
2	10. (ITY OR TOWN OF DEATH	11 NAME (OF HOSPITAL OR INSTITUTION oddress)	(If not in hospital 12a. USL	UAL OCCUPATION (Kind of work do mast of working life even if retire NOUSEWITE	ane 12b. KIND OF E	BUSINESS OR
	130.	USUAL RESIDENCE (Where decease	ed lived, if institution: I	Residence before 13c. CI	Y OR TOWN 13d. INSIDE CITY			
5	admi	ssion) STATE Marylan	13b. COUNTY Mond	gomery Lay	COLIZATITE	10 ≥ 6010 Laytor		ney Rd.
	14. [ATHER'S NAME First	Middle	Lost	1S. MOTHER'S MAIDEN NAME			Last
		John T	nomas Wa	arfield	Rachel	V.	Dorsey	
	Y	WAS DECEASED EVER IN U.S. ARM es, na, ar unknawn) (If yes give w	ED FORCES? ar or dates of service) 16b.	SOCIAL SECURITY NO. L3-38-1071	17. INFORMANT Recor Montgomery Ger	ds of Addresser Hospital,	Olney, Md	
١		IR CALISE OF DEATH (Enter and	y ane cause per line fa	r (a) (b) and (c))			APPROXIM	AATE INTERVAL NSET AND DEATH
ı	10	PART I. DEATH WAS CAUSED	BY:	udesti	ue Hear	+ Fullow	e DA	41
ı		4123	DUE TO, OPPAS A					
		Canditions, if ony, which gave	7	7. 1			Z. Table	
d		rise to immediate cause (a),	DUE TO, OR AS A	CONSEQUENCE OF				
A		stating the underlying cause	(c)					
		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING	TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	1	
		dorle te	uerei - s	mpurce	, pulma		Clepts	-F33-T2
	CERTIFICATION	19a. DATE OF OPERATION 19b.	ONDITION FOR WHICH O	PERATION WAS PERFORMED	20o. AUTOPSY?	20b. IF YES, WERE FINDIN	IGS CONSIDERED IN CE	RTIFYING
ı	IFIC	HESSEL TO THE			YES NO F	CAUSES OF DEATH?		
		21a. ACCIDENT WAS UNDERLYIN	G 21b. TIME OF INJI	JRY 2		ter nature of injury in Part 1 or Pa	rt 2, Item 1B.)	
	R	DR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. M	onth Day Year				
	MEDICAL	(If either, notify medical examinated 21d. INJURY OCCURRED 21e.		DME, FARM, STREET, FACTORY, \ 2	1f. LOCATION Street or R.F.D. N	lo. City or Town	County	State
1	-	While Nat while at wark	DFFIG	CE BUILDING, ETC.			1 1 =	
I		22a. I certify that (I) (thi	s hasnital) attende	ed the deceased from	10	19 Clarity	196 7 that	(I) (we) lost
		saw the deceased a	ive on	19	, and that in (my) (our) o	pinion death accurred an th		and fram the
		couses stated abave	, (1) (we) (did) (did	not) view the body a	fter deoth.			
		22b. SIGNATURE			ATTENDING	MED STAFE	22c. DATE SIGNED	1/2 11
	1	Jan 91	men	acuen		MED. STAFF PHYS.	4-0	69
		MAME (Type)	1. 0.1	M D	22e. ADDRESS	77 A 0-141		
		MAINE (TYPE) Jac	ck Schumacl			ell Ave., Gaithe		a
	23a.	BURIAL, CREMATION, 23b. (23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City or Town)		(State)
	_		22-69	Goshen			nt. Md.	
ĺ		FUNERAL DIRECTOR	Con Franch	ADDRESS			RAR'S SIGNATURE	a.00
A		Francis H. Barb	er Layto	nsville, Md	• DATA PR	2 3 1969 JULI	carles Jud	Parks.

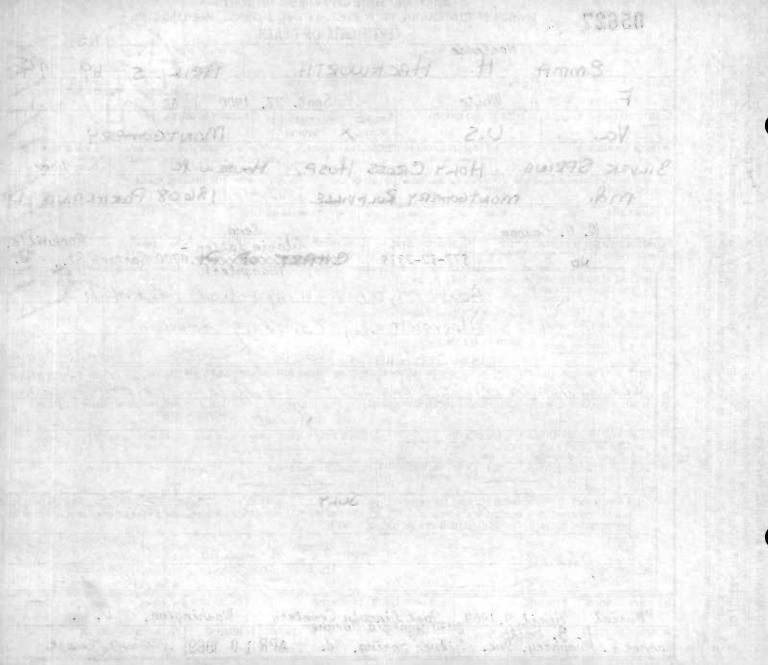
MARILAND STATE DETARTMENT OF HEALTH

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	olis in in and			

4 50	MAKYLAN	ND STATE DEPARTMENT OF H	EALIH	
1, 05626	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BALTI	MORE, MARYLAND 21201	
03020		CERTIFICATE OF DEATH		05621
	irst Middle	Lost	2a. DATE OF DEATH	2b. HOUR
(Type or print) JAC	6	HACKERMAN	april Month 2 Doy	196 9 131 M
3. SEX Male	4. RACE White	S. DATE OF BIRTH Opul 19	6. AGE (In years last birthday) YRS.	IF UNDER 1 YEAR IF UND 607 24 HRS. MONTHS DAYS HOURS M.IN.
7o. BIRTHPLAGE (Stote or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH MONTGOMER	T COLLETY Md.
10. CITY OR TOWN OF DEATH	give street oddress)	ET NUNSME HOME during me	L OCCUPATION (Kind of work dane st of warking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY Tacky
130. USUAL RESIDENCE (Where der admission) STATE ausler	ceased lived, if institution: Residence befare	3. CITY OR TOWN 13d. INSIDE CITY LIA YES NO	. / / / / /	le Drine t
14. FATHER'S NAME VFirst	nan Middle Hacker	non IS. MOTHER'S MAIDEN NAME FIR	rst Middle	Pa Malast
16a. WAS DECEASED EVER IN U.S. Yes, ag. grjunknawn) (If yes s	ARMED FORCES? 16b. SOCIAL SECURITY	NO. 17 INFORMANT OSUPLY	Liebernan 6	65 Selkerk
18. CAUSE OF DEATH (Enter	only ane cause per line for (a), (b), and (c).)	Λ '	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CA	USED BY: EDIATE CAUSE (0) Metas tat	tic Covernoma.	liver	1 year
Conditions, if ony, which go rise to immediate couse (stating the underlying cou last.	o), (b)	of esophagu	2 prinay	2 years
	CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1(a) ART DISEASE	
THIO -	9b. CONDITION FOR WHICH OPERATION WAS P	ERFORMED 20a. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. Month Doy Year arminer) P.M.	19	nature of injury in Part 1 ar Part 2, I	tem 18.)
While Not while at wark	21e. PLACE OF INJURY (AT HOME, FARM, STREET, F.		City or Town APRIL	County State
saw the deceased causes stated ab	(this hospital) attended the deceased alive an AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	sed from February 2019 6 1969, and that in (not) (con) apire bady after death.	nian death accurred an the dat	te and haur and fram the
22b. SIGNATURE	ley J. Talpers		ED. STAFF 22c. C	ATE SIGNED
22d. PHYSICIAN'S NAME (Type) 57			ST. NW. WAS	SH D.C.
GEMOVAL (Specify)	epul 6 69 12n	CEMETERY OF CREMATORY OF SUPERL	23d TOCATION (Gity or Town)	(State)
24. FUNERAL DIRECTOR SOL HUMAN	7 9105-6010 P	eroleslour BAFER DB	9 1969 25 CGISTRAP	SIGNATURE



- 6.0	MAKYLAND STATE DEPARTMENT OF HEALTH
50 4	05627 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
200	CERTIFICATE OF DEATH 05629
1 2 - 24	1. DECEASED-NAME First Nortense Middle, Lost 20. DATE OF DEATH 25. HOUR
death death	(Type or print) Emma H. HACKWORTH PARIL 5 649 748M
についまりまする	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years I funder 1 year I funder 24 hrs.
せんできたまま	F White Sept. 27, 1900 last birthday) MIN. MONTHS DAYS HOURS MIN.
S. Page	70. BIRTHPLACE (State ar foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
To hers.	COUNTRY) Va. U.S. WIDOWED DIVORCED MONTGONERY Md.
A SPECIE	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR
() () () () () () () () () ()	SILVER SPRING Gross Hosp, during most of working life even if retired.) INDUSTRY nome Own home
N & Dage	13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
	admission) TIATE Q. 136 COUNTY TOOMERY ROCKVILLE YES NO 13608 PORTLAND DR
and cam	14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Lost
	W. B. Baucom Lena
dician dite	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT Gloria Lattea - Address Rockville,
6 W = 1800	Yes, na, ar unknawn) No (If yes give war or dates of service) 577-52-2335 Cotto control of the c
Z O Y S E E	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e departicular de	PART I, DEATH WAS CAUSED BY:
当時 一	14/0 DUE TO, OR AS A CONSEQUENCE OF
X V at B g in	(anditions if any which gave)
the same	rise to immediate couse (a). (b)
s that the death certification by the attending physical control of the control o	stating the underlying couse DUE 10, OR AS A CONSEQUENCE OF Least Disease Underlying couse Loast Disease Underlying couse Loast Disease Underlying couse Underlying couse
physical phy	PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CONCERNITY OF CONCERNITY O
ng pan s tab	- Hatal Hernia Diverticulosis of Colon Acterio-sclerosis Concalizad
The Man of	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
has has	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INIURY 22b. HOW INIURY OCCURRED (Enter nature of iniury in Port 1 or Port 2 lifem 18)
IAN: The ficate ha ficate ha for use fire use	
A STEEL STEE	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year [If either, notify medical examiner) P.M. 19 [2] A INDIRECT OF INDIR
	210. INJUNE OCCURRED 1218. FLACE OF INJUNE 1 A SOCIETY STORY
Story Physical Physic	While Nat while at work at work
te de	22a certify that (1) (this haspital) attended the deceased from July 19 to 45 3 1965, that (1) (we) last
A PA	saw the deceased glive and the large and that in (my) (aur) apinion death occurred an the date and hour and from the
aine aine	causes stated abave, (1) (we) (did not) view the bady after death.
OR ATTE DIRECTOR 3 shau led with th	226. SCNATURE ATTENDING MED. STAFF 22c. DATE SIGNED
DIR be	DEGREE PHYS. DIRECTOR PHYS. 1767
RAI May	1 220. ADDRESS 10620 Georgia Cellonian NAME (Vipol Seorge L Ball 220. ADDRESS 10620 Georgia Cellonian NAME (Vipol Seorge L Ball
New Atraction	
To e Called en Control of Hospital OR ATTENER Page 4 may be retained for Funeral Director. Page 3 shauld shauld be filed with the	23a. BURIAL, (REMATION, REMOVAL (Specify) April 9 1969 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Effy or Town) (County) (Stote) Washington, D. C.
V 2 2 = - 5	24. FUNERAL DIRECTOR Smith/en 8 48 4 April 1990 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE
VR A15 (4)	Warner E. Pumphrey, Inc. Silver Spring, Md. DAPR 1 0 1969 & Charles Judge.
1104	The state of the s



1 14	It	ems 18-22a Film 412 MARYLAND STATE DEPARTMENT OF HEALTH 12-69 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		05628 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	05623
HEALTH DEPT.		ECEASED-NAME First Middle Last 20. DATE KNOWN Month OF ESTI-	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
lay is 13 ta Page		LOIS COAIL HAHAI DEATH MATERIX CAPACI	7 7 7 411
and 3	3. 5	lost birthday) MONTHS DAYS HOURS MIN. Manth Day	Year 2d HOUR
P. O. d		MALE WHITE 3/21/42 27 YRS. HARIL 28	Year 1964 974 M
- E	coun	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH OF COUNTY OF DEATH WIDOWED DIVORCED DIVORCED MERV	
th ges n fo rate	10. 0	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 1/20, USUAL OCCUPATION (Kind of work done)	12b. KIND OF BUSINESS OR
ofter death. 8. Give Pages 1, alang with form with the State Death.		give street address defease)	INDUSTRY
s ofter 18. Giv. alang alang with the death.		USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIGE CITY LIMITS? 13e. STREET AND NUMBER	
2 20 0		MARYLAND BOOKTGOMERY ROCKVILLE YES NO 8705 POST	OAK RD
24 hours in Item II r's Office es land 2	14. F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
es r's	1/-	DAMILEL A HILLMAN VEANETTE WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	JEGAL.
		WAS DECEASED EVER IN U.S. ARMED FORCES? 8s, no, or unknown) 17. INFORMANT ADDRESS HAHHA	
7.5 4 6			APPROXIMATE INTERVAL
be executed "pending" in ite Medical E unsit permit. Fevent within	96	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART II. Barbiturate poisoning	between onset and death 1/2 hr.
execunding Med Med nt w		9500 DUE TO, OR AS A CONSEQUENCE OF	,-
"pe "pe hief ansil		Conditions, if any, which gave rise to immediate cause (o). (b) Overdose of Tuinal	
should e ward a the Ch ourial-tra		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
she v he v ta th buri		(c)	
is certificate should be executed to, writing the ward "pending" is farwarded to the Chief Medical be used as a burial-transit permit.		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
INER: This certifica e certificate, writing should be farwarded files. 3 should be used as or remaval, a	VION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
This contract, which is the fart of the user remains the contract of the user remains the contract of the cont	CERTIFICATION	WAS PERFORMED?	YES NO
INER: This e certificate, should be for files. 3 should be to a sh		21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. 1, (20)	em 18.)
cert cert cert les. les. shou	MEDICAL	CAUSE OF DEATH 12:13-M. 4/20 19 09 Took overdose of Tulnal	
	×	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, form, street, at work at wo	County State
EXA cute age r ya :Page I, cr			
bical Examiner: se execute the certi ectar. Page 4 shauld ned far yaur files. tECTOR: Page 3 should o burial, crematian,		22a. I certify that I took charge of the remains described abave, held an Autapsy , Inspectian , Inquiry Condent of the death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner	
ase arectal		CHIEF MEDICAL EXAMINER	
ple rethrior		ACTUAL ()	SIGNED 0 1019
Sary sary uner y be			28,1969
no DEPUTY DICAL EXAM necessary, please execute the the funeral directar. Page 4 5 may be retained far yaur o FUNERAL DIRECTOR: Page Health prior to burial, crem			
01 = 20 H	230	BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) 4/20/60 King David Mem Garden Falls Church	(Caunty) (State)
	24	FUNERAL DIRECTOR DOND and Donn and Donn and Law APPRESS 1250 REC'D BY REGISTRAR 1250 AREGISTRAR 1250 AREGISTRA	
VR A15ME [5] 10M REV. 1/68		FUNERAL DIRECTOR Bernard Danzansky & Registrar S 250 REGISTRAR	and free for

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1	05629 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH O5624
er deoth. funeral 1 and 2	1. DECEASED-NAME (Type or print) AMY ESTELLE HANLEIN 20. DATE OF DEATH 4 Day 3 Year 69 2b. HOUR SIBLE
by the fur. Boges I	3. SEX FEMALE 4. RACE WHITE S. DATE OF BIRTH Dec. 27, 1891 6. AGE (In years lift under 17 FAR in Juner 27 Hrs. light under 18 Hrs. with under 28 Hrs. light under 18 Hrs. with under 28 Hrs. light under 18 Hrs. with under 18 Hrs. with under 18 Hrs. light under 18 Hrs. with under 18 Hrs. light under 18 Hrs. with under 18 Hrs. light under 18 Hrs.
n 24 hour	70. BIRTHPLACE (Stote or foreign country) WASHINGTON, D.C. USA NEVER MARRIED 9. COUNTY OF DEATH ONTGOMERY COUNTY WIDOWED DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
xecuted within 24 completely filled i move carban paper ny event, within 72	10. CITY OR TOWN OF DEATH TAKOMA PARK, MD. 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital HOSPITAL during most of work done HOSPITAL during most of work don
ate be executician ond complease remove ond in any eve	14. FATHER'S NAME First Middle Lost JOHN F. SULLIVAN 15. MOTHER'S MAIDEN NAME FIRST MIDEN N
ertificate be physician completes please foval, ond in	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, Northern) (If yes give war or dates of survice) 16b. SOCIAL SECURITY NO. 2/3-54-9380 17. INFORMANT ISADORE HANLEIN, SAME AS # 13
equires that the death c physicion. signed by the attanding burial, cremation persent	18. CAUSE OF DEATH (Enter only ane couse per lips for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
The low r ottendi; hos being the prior of the prior	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 121b. TIME OF INITIRY 121c. HOW INITIRY OCCUPRED. (Enter nature of initiry in Part 1 or Part 2 Normalis)
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 10 COURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. (ity or Town County State of Work) 21f. LOCATION Street or R.F.D. No. (ity or Town County State or Work) 21f. LOCATION Street or R.F.D. No. (ity or Town County State
OR ATTENDING I be retained by the DIRECTOR: After It e 3 should be de ed with the State I	22o. I certify that (I) (this hospital) attended the deceased from 3/12, 1902, ta 4/3, 1962, that (I) (we) las saw the deceased olive on 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (and not) view the bady after death.
moy be retorned as a short of a s	226. SIGNATURE ATTENDING PHYS. ATTENDING PHYS. DIRECTOR PHYS. 22d. PHYSTCIAN'S NAME (Type) Raymond C. Kirchner, MD ATTENDING PHYS. ATTENDING PHYS. DIRECTOR PHYS. 22e. 60865 New Hampshire Ave., Tak. Park, Md.
TO HOSPITAL Page 4 may b TO FUNERAL D director, page should be file	230. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 230. DATE 230. NAME OF CEMETERY OR CREMATORY BURIAL 230. LOCATION (City or Town) (County) (State) MARYLAND
VR A15 (44)	24 FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS DAAPR 250. RECUBBY REGISTRAR 250. RECUBBY REGISTRAR ADDRESS

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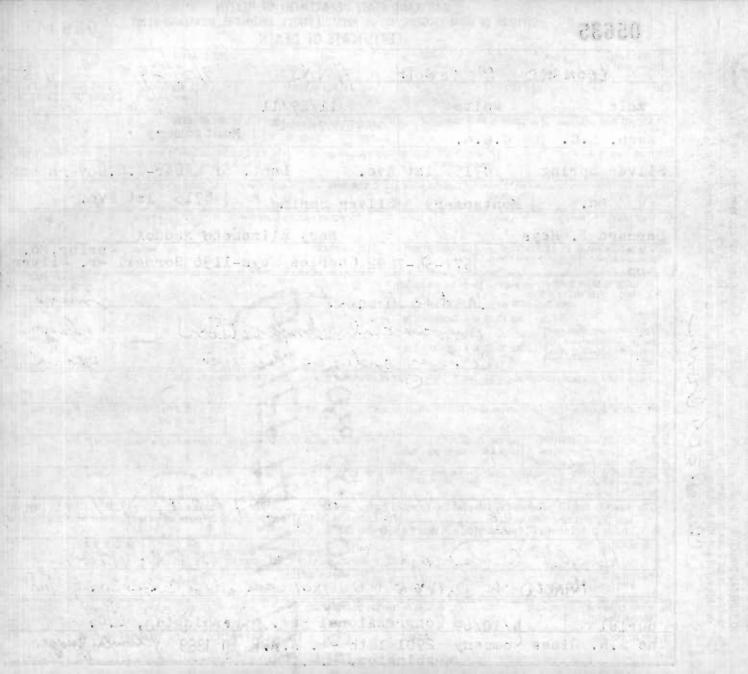
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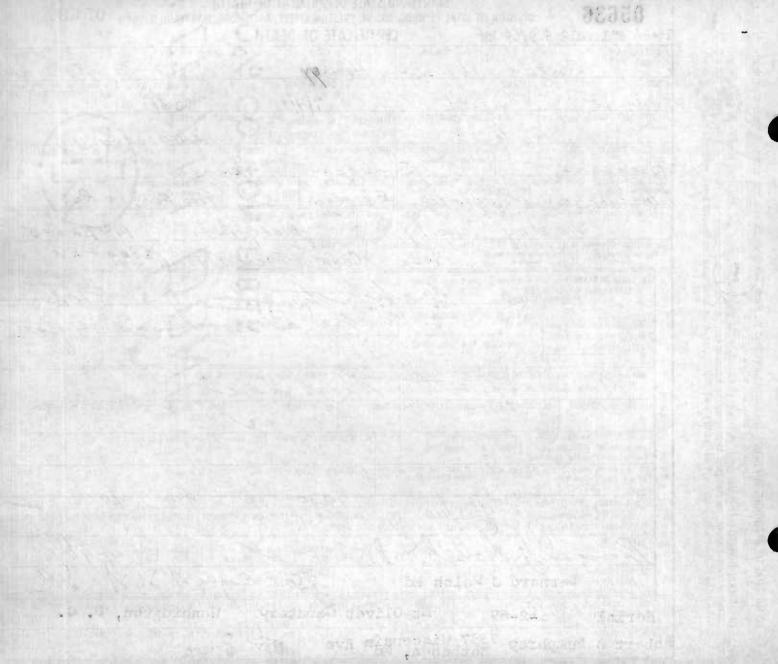
,		MAKTLAND STATE DEPARTMENT OF HEALTH		
	05631 D	21 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201		
	09007	CERTIFICATE OF DEATH	05626	
± −2±	1. DECEASED-NAME First	Middle Last 2a. DATE OF DEATH	2b. HOUR	
er death. Funerol ond 2	(Type or print) Pean	Gentrude Harrington April 19	69 8:30 AM	
	3. SEX	4. RACE S. DATE OF BIRTH 6. AGE (In years	FUNDER 1 YEAR IF UNDER 24 HRS.	
the the	Female	Wh. Te MAR. 20, 1886 lost birthday) YRS. 1	ONTHS DAYS HOURS MIN	
room Pour hour	7a. BIRTHPLACE (State or fareign 7b.	b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH		
d in pers	MARYLAND	V.S. H. WIDOWED DIVORCED Montgamer	. 4 Md.	
executed within 24 hours after death. Ind completely filled in by the funeral emove corbon papers. Proc. ond 2 any event, within 72 hours after death.	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital give street oddress) 12a. USUAL OCCUPATION (Kind of wark dane during mast af warking life, even if retired.)	12b. KIND OF BUSINESS OR	
OO with	Silver Spainy	1240) (-LENITLLENIVE. HOUSEWIFE	INDUSTRY HOME	
pplet corrent	13a. USUAL RESIDENCE (Where deceased admission) STATE	lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	1	
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md rem	14. FATHER'S NAME First	Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last	
d in bu	CHARLES	H. LITTLE MARGARET	SENNETT	
requires that the death certificate be g physician. signed by the attending physician of burial-transit permit. Then blease roburial, cremotion, or removal, and in	16a. WAS DECEASED EVER IN U.S. ARMED Yes, na, ar unknawn) (If yes give war o		I MAN'S MA	
nem novo	NO		APPROXIMATE INTERVAL	
th c	18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	one cause per line far (a), (b), and (c).)	BETWEEN CINSET AND DEATH	
deo tenc rmit , or	IMMEDIATE	CAUSE (a) Care tral Vasaulor accedent	menertes	
the e at	Canditians, if any, which gave)	DUE TO, OR AS A CONSEQUENCE OF	1	
not , th , th insid	rise ta immediate cause (a),	DUE TO, OR AS A CONSEQUENCE OF	142.	
d by Cr. C.	stating the underlying cause	(c) Compression of the consequence of the consequen	11 110	
luire hysi igne uria uria	_	TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	147001	
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or arte		21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Ite	m 18.)	
ifical deficience of H	OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner)	HOUR A.M. Manth Day Year P.M. 19		
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the this deto	at wark at wark			
by (frer be be Stat	22a. I certify that (I) (this	thospitul) attended the deceased from Feb 15, 1969, ta 4/19, 196	eq, that (I) (we) last	
R: A	saw the deceased alive	e an19_LL, and that in (my) (our) apinian death occurred an the date 1) (we) (did) (did not) view the bady after death.	and haur and tram the	
Sho Grani	22b. SIGNATURE	22c. D4	JE SIGNED /	
00 00 00 00 00 00 00 00 00 00 00 00 00	1 X aremond	DEGREE PHYS. MED. STAFF DIRECTOR DIRECTOR PHYS.	19/69	
AL by b life file	22d. PHYSICIAN'S	22e. ADDRESS		
SPIT 4 m 4 m ar, 1 d be	NAME (Type) Rayma	nd T. Bennck MD 4115 dolie Dr. Whea	Ton, md	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then, please remove corban pages. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours attained by the dept.	23a. BURIAL, CREMATION, 23b. DAT		(Caunty) (State)	
07 0 0 ip	BURIAL 4/3	12/69 ROCK CREEK CEM. WASHINGTOI	V. D.C.	
VR A15 (4)	24. FUNERAL DIRECTOR JOS. GAWLER'S SC	ONS, 5130 WISCONSIN AVE. 250. RECID BY REGISTRAR 256. REGISTRAR'S SIDNE AS HINGTON, D. C. DARTER 23 1969	GNATURE	
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S SAS		FEMPLE BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	19 114/88	1007	
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e exer and co rema n any		FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NA		Lost
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physician physician physician caval, and i		Yes, no, or unknown) (If yes give weight	ED FORCES? or or dates of service) 16b. SOCIAL SECURITY	1 1 1	CORds 9680 Address	est Rd.
E E		PART I. DEATH WAS CAUSED	y one couse per line for (o), (b), ond (c BY: TE CAUSE (o)	pal them	whoses	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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equires that the physician. signed by the burial-transit burial-transit pourial, cremating		rise to immediate couse (a), stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			19
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The law ret attending I has been s se as the bt th priar tab	CERTIFICATION	190. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS P		20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
al u te	MEDICAL CES	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine	HOUR A.M. Month Day Year	21c. HOW INJURY OCCURRED	(Enter noture of injury in Port 1 or Port 2,	item 18.)
DING PHYSICIAN: The by the haspital or at After this certificate ho be detached for use State Dept. af Health	MEI			ACTORY.) 21f. LOCATION Street or R.F.I	D. No. City or Town	County Stote
ENDING ned by 1 R: After old be c		22a. I certify that (I) (this hospital) attended the deceased fram 1997, 1997, to 1997, that (I) (we) last saw the deceased alive on 1997, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated obave, (I) (we) (old not) view the body after death.				
DR ATT e retair RECTO		22b SHONDTURE 22b SHONDTURE DEGREE PHYS. DIRECTOR D STAFF 22c. DATE SIGNED 22c. DATE SIGNED 1/2/6/9/6/9				
TO HOSPITAL OR ATTENDING PHYSICIAN Page 4 may be retained by the haspital TO FUNERAL DIRECTOR: After this certifica director, page 3 shauld be detached for shauld be filed with the State Dept. af He		22d. PHYSICIAN'S NAME (Type) Bernard J Walsh Md 22e. ADDRESS & Egl M. M. J. D. C.				
TO HOS Page ⁴ TO FUN directo shaule			23c. NAME OF	CEMEJERY OR CREMATORY Olivet Cemater	y 23d. LOCATION (City or Town) washington.	(County) C (Stote)
VR A15 (4) 45M - 1/69	24. R	FUNERAL DIRECTOR Dert A Pumph	rey 7557 Wisco	nsin Ave	AY 5 1960 (75)	SIGNATURE



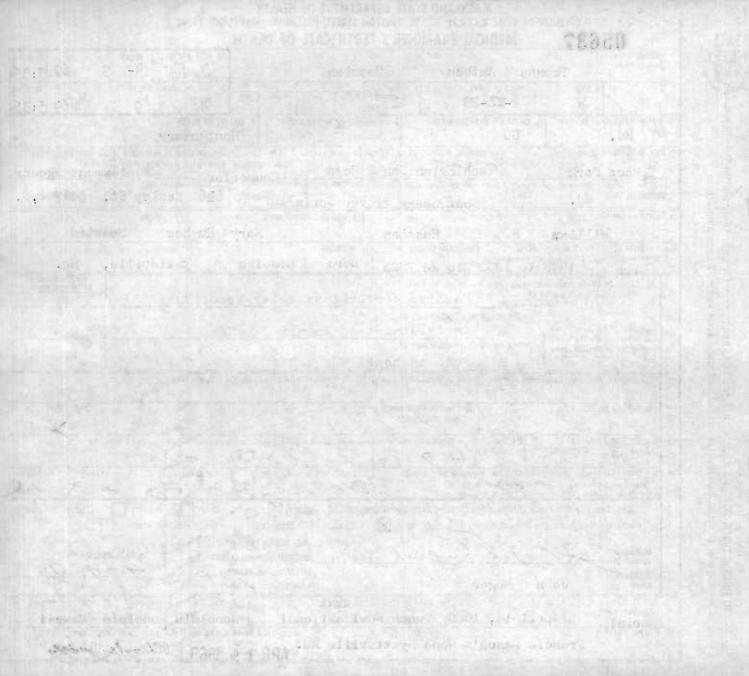
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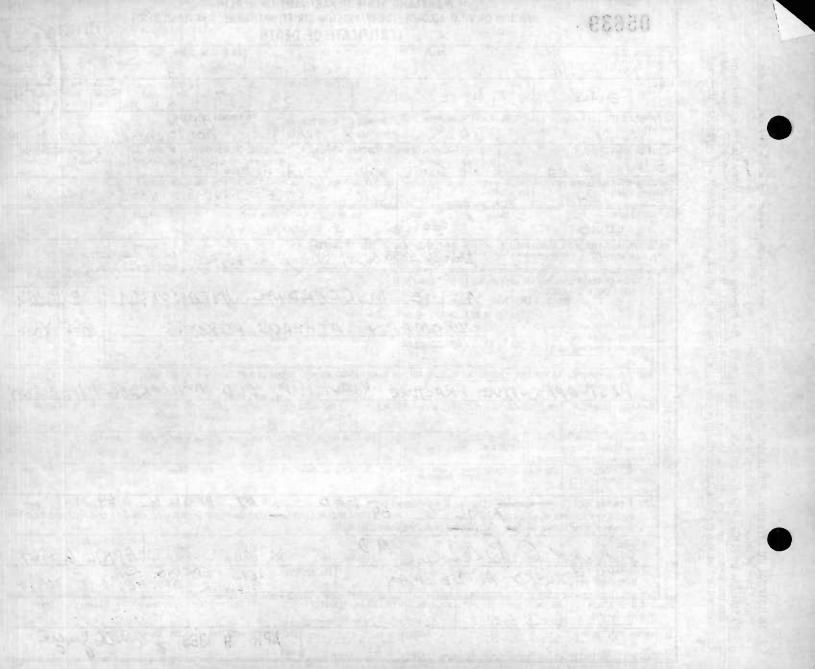
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This certificate shauld be executed within



	05638 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	633
FOR STATE	MEDICAL EXAMINER 3 CERTIFICATE OF DEATH	033
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 2a. DATE KNOWN Month Day (Type or Print) / OF ESTI-	Yeor 2b. HOUR
oy is 3 to Poge ant of	Olenon S Stell DEATH MATED 7	1969 M
	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years if under 1 YEAR if under 24 HRS. 2c. DATE PRONOUNCED DEAD Months DAYS HOURS MIN. Months DAYS	2d. HOUR
2 and PM3.	male Tiegro 1/14/1898 70 YRS. Chril 7	1969 1.55 M
P 22	70. BIRTHPLACE (Stote or Loreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
form form	country) may be widowed DIVORCED Montgomery	Md
Pag ith Sta	and the state of t	ND OF BUSINESS OR
haurs offer deoth. fem 18. Give Pages 1, ffice along with form and 2 with the State De ond 2 with the State De	Delhesta Dubuton Hosp	XI
s ofter 18. Give along along deoth.	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c (ITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY 75 F 100 F 15c STREET AND NUMBER	1
18 c c c c c c c c c c c c c c c c c c c	Mon Month 11 Sweetpas	lue
haurs Hem 18 Office of 1 ond 2 v	4. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	last
25 F. 78 ST	Olenon Stell Bessie &	aknow
within 24 haurs offer deoth. partil in tem 18. Give Pages 1 cominers office along with form le pages 1 and 2 with the State 2 72 hours offer deoth.	6a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, pop or unknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	1
Expm Expm File	(Tes, Bod Unknown) (If yes give wor or dates of service) Wife Mahel Hill Same as	abrae
should be executed void "pending" in the Chief Medicol Exurial-transit permit. Fin any event within		APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
should be executed to word "pending" is o the Chief Medical burial-transit permit.	IMMEDIATE CAUSE (a) CONTROL 7 1/3035122174	2 fr.
ex F M it p	DUE TO, OR AS A CONSEQUENCE OF	
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ould vorce only	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
sh o the void buri	lost. (c)	
INER: This certificate should be executed within 24 haurs ofter death e certificate, writing the word "pending" in partil in Hem 18. Give Page should be forworded to the Chief Medical Examiners Office along with files. 3 should be used as a burial-transit permit. File pages I and 2 with the Stat ation, or removal, and in any event within 72 hours ofter death.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
is certific te, writin forword forword e used a: removal,		D. AUTOPSY?
the.	WAS PERFORMED?	YES NO
AL EXAMINER: This execute the certificate, r. Page 4 should be for your files. Far Page 3 should be uriol, cremation, or ren	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) HOUR A.M.	
ER: cert cert oulk es. shou ion,	CAUSE OF DEATH P.M. 19	
KAMINER: te the certi ge 4 should your files. age 3 shoul cremation,		nty Stote
DICAL EXAMINER: se execute the certifictor. Page 4 should ned for your files. ECTOR: Page 3 should buriol, cremation,	WHILE NOT WHILE TOCTORY, OTHICE BUILDING, etc.) AT WORK AT WORK	
ICAL EXECUTOR. Page ed for CTOR: Puriol,		and in my apinian
ttor.	death resulted fram: Natural causes 🔀 , Accident 🗌 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🔲	
please I direct retoine DIREC	CHIEF MEDICAL EXAMINER	
ITY please retoin RAL DIRE prior to	SIGNATURE John S. Ball M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED	- 10.0
Purion Sony	EXAMINER'S DEPUTY MEDICAL EXAMINER A PAIN	7,1969
To DEPUTY — DICAL EXAMINER: This certifican necessory, please execute the certificate, writing the funeral director. Page 4 should be forworded 5 may be retoined for your files. O FUNERAL DIRECTOR: Page 3 should be used as Health prior to buriol, cremation, or removal, or	NAME (Type) ADDRESS(Street, city, town, ar caunty)	
01 = + 2 O =	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMATERY OR CREMATORY 23d. LOCATION (City or Town) (County or REMOVAL (Specify)	y) + (Stote)
	BURIAL 4-10-69 LINCOIN PARK CEM. KOCKVIlle Mo	nig Iria.
VR A15ME (5) COO	Robert L. Snowden Rockville Md. DAPR 1 4 1969 "Elionles &	IKE I
10M REV. 1/68	Robert L. Snowden Rockville Md. APR 1 4 1969 Floritary	ash Buch

MARYLAND STATE DEPARTMENT OF HEALTH



. 1			05640		301 W. PRESTON STREET, BA		01
6		3	00030		CERTIFICATE OF DEATH		05635
naurs after death.	death.		CEASED-NAME First will	Middle	Hoffman	2a. DATE OF DEATH April	Dpy 1969 8:30
s after the fur	rs after	3. 51	Male	4. RACE White	S. DATE OF BIRTH	6. AGE (In years	
4 haur	72 hod	7o. I	SIRTHPLACE (State or foreign New Jersey	7b. CITIZEN OF WHAT COUNTRY? $U.S.A.$	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Montgomer	
within 2	with:		ITY OR TOWN OF DEATH Theaton	11. NAME OF HOSPITAL OR IN give street address) 12404 Lie		SUAL OCCUPATION (Kind of work of mast of warking life, even it retir Wesder Ret	done 12b. KIND OF BUSINESS OR INDUSTRY
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be execut	No.	14. [ATHER'S NAME First unknown	Middle Last	IS. MOTHER'S MAIDEN NAME		
physicies physicies en please	2	160. Y	WAS DECEASED EVER IN U.S. ARM es, no, ar unknown) (If yes give w	MED FORCES? or or dates of service) 16b. SOCIAL SECURITY		Addresson 12404	
at the death ce the attending nsit permit. Th	ian, ar rem		PART I. DEATH WAS CAUSED IMMEDIA Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	y ane cause per line (on, (a), (b), and (c). BY: DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DITIONS CONTRIBUTING TO DEATH BUT NO	is Scherolic !	GEAN SISLA	APPROXIMATE INTERVAL ASTWEEN ONSET AND DEATH CHICAGO
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ilCIAN: pital ar rrtificate	of Heal	MEDICAL CEI	21a. ACCIDENT WAS UNDERLYIN' ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, natify medicol exomin	HOUR A.M. Month Day Year per) P.M.		nter noture of injury in Part 1 ar Po	rt 2, Item 18.)
C + 0	e Dept.	M	While Not while at wark	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	_ Store of Kills.	0	Caunty State
=	with the State		causes stated above	s haspital) attended the decease ive an (1) (vo) (did) (did vo) view the	ed fram 72 2 3 19. 9 4 4 and that in (my) (aur) a bady after death.	pinion death accurred an th	that (I) (we) lase date and have and from the
OR be r	iled with		22b. SIGNATURE	cuf Cury	Degree PHYS.	MED. STAFF DIRECTOR PHYS.	22c. DATE SIGNED 4 9
O HOSPITAL Page 4 may O FUNERAL I	uld be t	72-	22d. PHYSICIAN'S John	V		rgia Ave., Silv	
TO HO Page To Flu	shauld	1	BURIAL CREMATION, 23b. D. REMOVAL (Specify) FUNERAL DIRECTOR	. 8.1969 New St.	CEMETERY OR CREMATORY Mary's Cemetery	23d. LOCATION (City or Town) Belnowr	(State) Jersey
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	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	05641 CERTIFICATE OF DEATH
E 01.5	1. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR
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de de	Varena 5 Holman April 11, 1969 11:50
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icat Sici Ple 1, a	nydiva, j c j Ajij
phy en va	Tes, na, ar unknown) (17 yes give war or actes of service) 494-30-4541 WILLIAM BHOLMAN SILVER SPRING MI
te death cer attending p permit. The	1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
aff.	PART I. DEATH WAS CAUSED BY:
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he a di	DUE TO, OR AS A CONSEQUENCE OF
the the usit production	Canditions, if any, which gave (b) Generalized Zuteriuscheratic cardiovasche
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es sicie al-t	lost. (c)
equires that th physician signed by the burial-transit burial, cremati	PART 2. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed be retained by the haspital ar attending physician. NRECTOR: After this certificate has been signed by the attending physician and cample e 3 shauld be detached for use as the burial-transit permit. Then please remove cased with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any even	Indializa mandara en l'appetitution la
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The law ratending has been se as the h priar ta	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
IAN: The law related an attending I find the been so for use as the fear the bit fe	E NO X
Late or Late	☐ CAUSE OF DEATH 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item IB.)
○ 第 第 第 章 章	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year [If either, natify medical examiner] P.M. 19 21d INJURY OCCURRED 12 PLACE OF INJURY (AT HOME FARM STREET FACTORY) 216 LOCATION Street of P.E.D. No. 19
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PH e h his	While Not while of work of work
te de II = de	
Affe by Sto	22a. I certify that (I) (this haspital) attended the deceased from 1 Mull 19 67, ta 1/1/pax, 19 69, that (I) (we) las
OR ATTEND be retained JIRECTOR: A e 3 shauld ed with the	sow the deceased olive on 19 (did) (did not) view the body ofter deoth.
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Wilson	ATTENDING AMED STAFF
De be	DEGREE PHYS. DIRECTOR PHYS. DIRECTOR PHYS.
AN A	22d. PHYSICIAN'S
SPITAL 4 may VERAL I iar, pag	NAME (Type) Errost E Harmon Mp 930/ Colesul/+ Rd Sillon No
TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us shauld be filed with the State Dept. af Healt	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
O HOS	RENSVEREND April 16. 1969 Norwegian Mobridge South Dakota
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45M - 1/69	Warner E. Pumphrey Inc. Silver Spring, Md. DATPR 17 1969 Minutes Judges

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70	1	BETHESDA	give	street address)	1 1		of working life, even if	retired.)	2b. KIND OF BUINDUSTRY	JSINESS OR
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5	adm	iccion) CTATE.	112L COUNTY		to 4		- A . O		-	DI
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,	14. 1	ATHER'S NAME First	Middle	Lost	15. M	OTHER'S MAIDEN NAME First		Middle		Lost
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	100.	WAS DECEASED EVER IN U.: es, no, as upknown)	S. AKMED FORCES? Is give war or dates of service)	16b. SOCIAL SECURITY 577-48-	(NO. 17. INFO	RMANI	1 8	ddress		
	-	100		1		alles Hi	HOMER	- Plan		
		18. CAUSE OF DEATH (En PART I. DEATH WAS (ter anly ane cause per li	ne for (a), (b), and (a	:).)			00	APPROXIMATE BETWEEN ONSE	
H		PAKI I. DEAIH WAS O	IMEDIATE CAUSE (a)		oma				187	AVS
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н		Conditions, if ony, which grise to immediate cause			arcu	come os	224			
		stating the underlying co		AS A CONSEQUENCE O	F		NAME OF THE OWNER, WHEN			
		last.	(c)	100						
		PART 2. OTHER SIGNIFICAN	IT CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO TH	E TERMINAL DISEASE ORCOND	ITION GIVEN IN PART 1(d	1)		
	Z									
	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATION WAS P	ERFORMED	20a. AUTOPSY?	20b. IF YES, WERE F	NDINGS CONSI	DERED IN CER	TIFYING
X	TIE				Market Land	YES NO	CAUSES OF DEATH?			
		21a. ACCIDENT WAS UNDE			21c. HOW I	NJURY OCCURRED (Enter nat	ure of injury in Part 1 a	r Part 2, Item	18.)	
	MEDICAL	OR CONTRIBUTING CAUSE ((If either, natify medical e		Manth Doy Yeo	19					
	ME	21d. INJURY OCCURRED				ION Street or R.F.D. No.	City or Town	Co	ounty	State
		While Not while at work		OFFICE BUILDING, ETC.			more than it is		100	
		22a. I certify that (I) (this haspital) atte	ended the deceas	sed fram/DAR	CH 31 , 1964	to BORIL -	26. 19 65	that (I) (we) In
		saw the decease	ed alive an	PRIL 25	1969, and th	at in (my) (aur) apinia	death accurred ar	the date o	and haur ar	nd fram th
		causes stated a	bave, (I) (we) (did)	(did nat) view the	bady after dea	th.				
		22b. SIGNATURE	0	ALL MADE		ATTENDING MED.	C STAFF -	22c. DATE		
		291	トアキ・ツ	FEDIN.	M. DEGREE	PHYS. DIRECT	OR PHYS.	1 41	2619	
/		22d. PHYSICIAN'S NAME (Type)	DGARZ	H. LE	VIN	22e ADDRESS	.7		· Ba	
							<i>ن ج حوس</i> م		£ 136	i most &
	23a.	BURIAL, CREMATION, AS PONTON, AS	23b. DATE 4-29-69	23c. NAME OF	cemetery or creek Creek	MATORY 23	d. LOCATION (City or To Washingt	wn) 15	ounty)	(State)
	24.	FUNERAL DIRECTOR ROD 7557-Wisco	ert A. Pu	Bethe	Md sha	2Sa. REC'D BY RE		GISTRAR'S SIGN		
		1 DO 1 -MIRGO	HOTH WAS.	, Declie	acres a race	DATMAY	5 1969 10	Marela	of freedom	View "

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naurs S. S. hours	7a.	BIRTHPLACE (State or foreign	7b. CITIZEN	OF WHAT	COUNTRY?	B. MARRIED	NEVER MARRIED	9. COUNTY	OF DEATH		
executed within 24 haurs after death d completely filled in 57 the funeral move corbon popels. Page 1 and 2 any event, within 72 hours after death		Takoma Park		USA 11. NAME give stree	OF HOSPITAL OR II	WIDOWED VISTITUTION (If r		ISUAL OCCUPATION	Montgom ON (Kind of work done ag life, even if retired.)	12b, KIND OF INDUSTRY	Md. BUSINESS OR
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be exe n ond co		FATHER'S NAME First Michael Hork	an	iddle	Lost				Middle		Lost
physicion physicion aval, and i	160	None	var or dates of ser	rvice)	SOCIAL SECURITY		NFORMANT Hospi	tal Cha	Address		MATE INTÉRVAL
OR ATTENDING PHYSICIAN: The law requires that the death certificate be exerting by the hospital or ottending physician. DIRECTOR: After this certificate hos been signed by the ottending physicion and a should be detached for use as the buriol-transit permit. Then please remoiled with the State Dept. of Health priar to buriol, crematian, or remayal, and in any		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDI Conditions, if any, which gave tise to immediate couse (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO	DUE TO	D, OR AS A D) D, OR AS A c)	CONSEQUENCE OF	Con Con	onary a onary a enorcleson	is qu	relevous velevous	BETWEEN O	NSET AND OEATH
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PHYSICIAN: e hospitol or his certificate stoched for u Dept. of Heal	MEDICAL CE	21a. ACCIDENT WAS UNDERLY!! OR CONTRIBUTING CAUSE OF DEA (If either, natify medical exami 21d. INJURY OCCURRED While Nat while	H HOUR	P.M.	anth Day Yea	19	OW INJURY OCCURRED (E		njury in Part 1 ar Part 2, ity or Tawn	County	State
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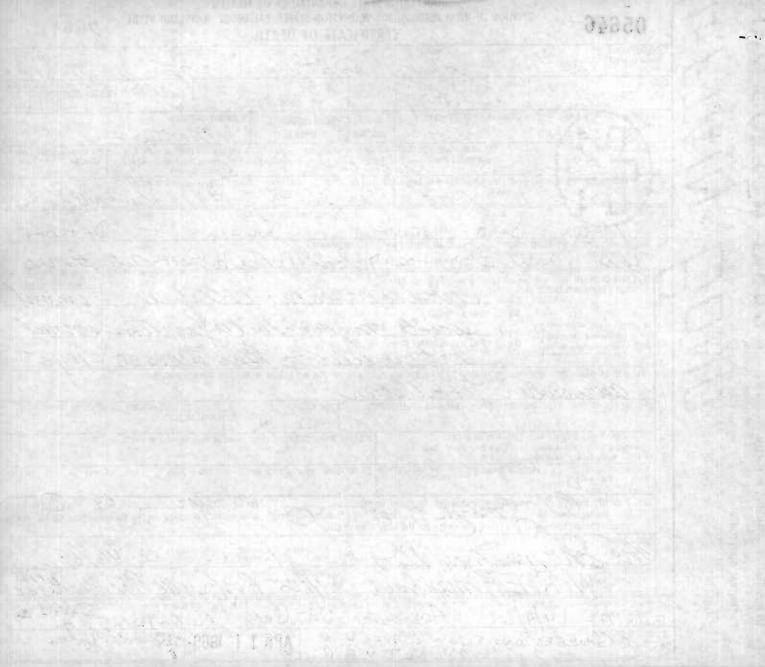
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05644 05639 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECFASED-NAME First Middle Lost 2a. DATE KNOWNO Month Doy Year (Type or Print) ESTI 1069 John Hossman DEATH MATED delay and 3 IF UNDER 1 YEAR IF UNDER 24 HRS. 4. RACE S. DATE OF BIRTH 2c. DATE PRONOLINCED DEAD 2d. HOUR Male Cauc. Manth 4 20 a Dod 3/12/1875 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIEO NEVER MARRIEO Montgomery Wisconsin WIDOWED P DIVORCED [Give Pages the State 10. CITY OR TOWN OF DEATH
Silver Spring 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR alang with University Nur. Home during most of working life, even if retired.) INDUSTRY 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
1701 Sherwood Rd. 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN Spr. Md. 13b. COUNTY Montg. Sil. odmission) STATE YES DO NO hours S. Office after, 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Last Johann Wilhelming Hossman haurs pages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS : within 16b. SOCIAL SECURITY NO pencil 4 should be farwarded to the Chief Medical Examin Spanish Amer (Yes, no, ar unknown) Mrs. Ruth Cass. Sherwood 393-03-9065 File APPROXIMATE INTERVAL be executed within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b). permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) event DUE TO BRAS A CONSEQUENCE OF burial-transit Conditions, if any, which gave rise to immediate cause (a). certificate shauld writing the ward any DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 remaval, CERTIFICATION nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? certificate, YES 🗀 pe 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 10 3 shauld PRIMARY [OR CONTRIBUTING [] HOUR A.M. cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LDCATION Street at R.F.D. Na. City or Town County State factory, office building, etc.) FUNERAL DIRECTOR: Page WHILE NOT WHILE 22a. I certify that Daak charge of the remains described above, held an Autapsy Inquiry X Inspection > and in my apinian director. Undetermined manner death resulted frames Natural causes Accident. Suicide Hamicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE DEPUTY MEDICAL EXAMINER Belden R. Reap, may **EXAMINER'S** S may TO FUNE Health ADDRESS(Street, city, town, When ton. NAME (Type) Md. 23o. BURIAL, CREMATIDN, 23b. DATE 23c. NAME DF CEMETERY DR CREMATDRY 23d. LDCATIDN (City or Town) (County) (State) REMOVAL (Specify) Pauls Lutheran Menomonie Cemeteru VR A15ME (5) Silver Spring l'umphreu. Jnc. 10M REV. 1/68

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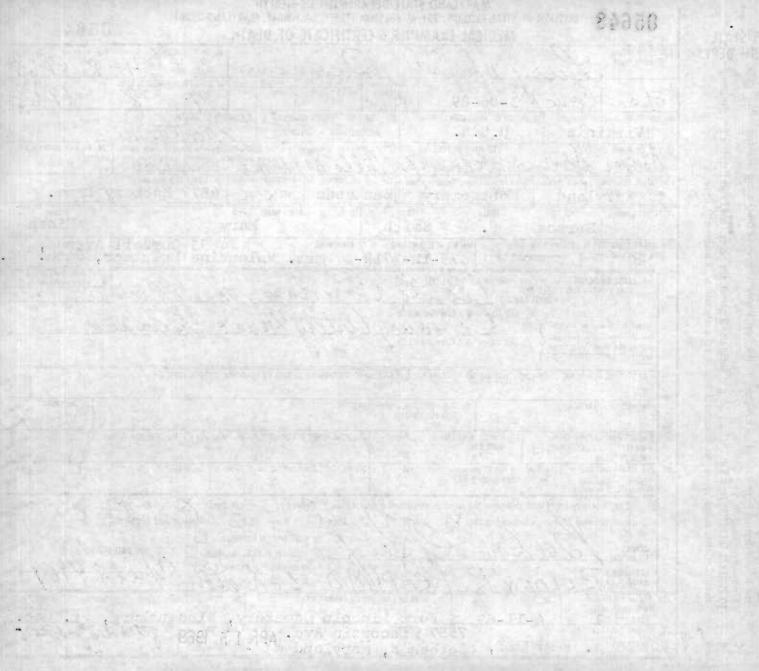
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MAKTLAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05646 05641 CERTIFICATE OF DEATH filled in by the funeral papers. Pages 1 and 2 intoin 72 hours after death. 1. DECEASED-NAME First Middle 24 haurs after death. Last 2a. DATE OF DEATH 2b. HOUR (Type ar print) Month Day Year 3. SEX 4. RACE S. DATE OF BURTH 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS last birthday) MONTHS DAYS HOURS (1) he 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) DIVORCED WIDOWED V 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital Within 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during mast af working life, even if retired.) pau INDUSTRY 3 rompletely please remave car event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER executed admission) STATE 13b. COUNTY YES IV NO burial, cremation, or removal, and in any 14. FATHER'S NAME Middle and IS MOTHER'S MAIDEN NAME First last Middle requires that the death certificate be HUDTLOFF 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no. graunknown) HUDTLOFF-allenton 217-44-0247 CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave) signed by the burial-transit rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar ta 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a, DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Caunty State While Not while at wark 22a. I certify that (1) (this haspital) attended the deceased from 1960. tale sow the deceased olive on March 2 1969, and that in my) (our) opinion death occurred on the date and hour and from the be retained causes stated abave (1) (we) (did) (did not view the bady after death. 22b. SIGNATHRE 22c. DATE SIGNED MED. DIRECTOR DEGREE PHYS PHYS. 22d. PHYSICIAN 22e. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County REMOVAL (Specify) NETON 24. FUNERAL DIRECTOR VR A15 (4) 45M - 1/69 WASHINGTON



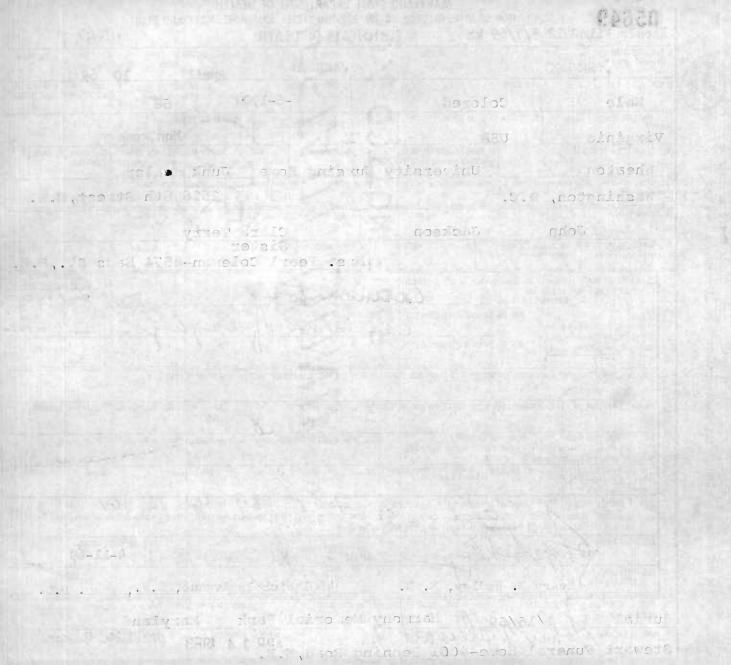
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05648 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05643 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME 20. DATE KNOWN (Type or Print) ESTI-DEATH MATED AGE (In years 2c. DATE PRONOUNCED DEAD DATE OF BIRTH 80 3-06-89 the Stote Depart 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED the Chief Medical Examiner's Office along with form country) Virginia U.S.A. DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH during most of working life, even if retired.) with ed, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceosed lin odmission alary land 93 Montgomery Bethesda Battery Lane. YES NO 24 hours in Item 1 ond Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME First hours afte Elsea Smith P. Mary Horace podes Avenue, 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT 4853 Coordell in pencil within (Yes no or unknown) McInteer. Valentine Beth. 579-12-771 Mrs. E APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b) cond (c). executed within BETWEEN ONSET AND DEATH permit. "pending" PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if ony, which gove rise to immediate couse (a), writing the word should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ should be forwarded to This certificate pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 SD removal, CERTIFICATION nseq 20. AUTOPSY? 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? YES [pleose execute the certificote. pe 10 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M cremotion, EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote factory, office building, etc.) NOT WHILE moy be retoined for your FUNERAL DIRECTOR: Poge AT WORK burial, 22a. I certify that I took charge of the remains described above, held an Autapsy and in my opinion Inspection Natural causes Accident Suicide Homicide Undetermined monher death resulted from: CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funerol SIGNATURE **EXAMINER'S** 5 moy ro FUNE Health NAME (Type) 23o. BURIAL, CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Fort Lincoln Cemetery. Bladensburg Burial 7557 Wisconsin Ave 250 ABBBY 24. FUNERAL DIRECTOR VR ATSME (5) Bethesda, Maryland DATE



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	the safe		Male	Colored	The second	6-6-19	900	lost birthdoy)	MONTHS DAYS	HOURS MIN
	haur S. P	70.	BIRTHPLACE (Stote or foreign ntry)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF	DEATH		
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	within 2	10.	Wheaton	11. NAME OF HOSPITAL OR II give street address) Universi	STITUTION (If not	sing Home	UAL OCCUPATION most of working	(Kind of work done	12b. KIND OF E INDUSTRY	SUSINESS OR
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	be ey		John	Jackson			ra Teri			2031
	physician en please aval, and i	160	WAS DECEASED EVER IN U.S. ARI 'es, no, or unknown) (If yes give v	MED FORCES? war or dates of service)		FORMANT Sis	ter	Address	ads St.	, N.E.
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	o	~	at work of work	. PLACE OF INJURY (AT HOME, FARM, STREET, FI OFFICE BUILDING, ETC.				or Town	County	Stote
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	OR ATTENDING PHYSICIAL be retained by the haspital DIRECTOR: After this certifice ja 3 should be detached for led with the State Dept. af He		22b. SIGNATURE	Hodley	DEGREE		MED. DIRECTOR		c. DATE SIGNED 4-11-69	
	AL DOG		22d. PHYSICIAN'S NAME (Type) Henr	ry G. Hadley, M. D		22e. ADDRESS 4601 Nicho			Wach D	C
	O HOSPIT Page 4 mg O FUNERA directar, 1 shauld be	230	BURIAL, CREMATION, 23b.		CEMETERY OR C			N (City or Town)	(County)	(Stote)
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y delay is and 3 to PM3. Poge		3. SI		5. DATE OF BIR	TH/4/	6. AGE (in years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	2c. DATE PRO	NOUNCED DEAD Day 26	-70-7	2d. HOUR,
- 5 Z		caun		7b. CITIZEN OF WHA	J.H.	8. MA	RRIED NEVER MARI	CED 🗆	UNTY OF DEAT	ome	ej.	Md
within 24 hours after deoth n pencil in them 18. Give Poges 1, Exominer's Office along with form File pages 1 and 2 with the State De 72 hours after death	20	7	Be the 5 d a	give s	treet oddress)	u bee	N (If not in hospital	during-most	of working life	nd of wark dane even if retired.)	128. KIND OF BUSII	NESS OR
Thours after de Hem 18. Give P Office olong wi 1ond 2 with the	15	00	USUAL RESIDENCE (Where decedimission) STATE	13b. COUNTY	tion: Residence t	(The	theisburg	YES NO	13e. STREET	#2-		
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within 24 in pencil in Exominer's File pages			VAS DECEASED EVER IN U.S. ARMED es, na, ar unknown) (If yes gw	FORCES? war or dates of service)	16b. SOCIAL SECU 22-40	RITY NO. 2-1533	17. INFORMANT	ude	Tam	ADDRESS /	James Zber	10.
			18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	D RV.			THE DUDIN	ENGIN TO ENG	~ ~~~~~~	C	APPROXIMATE I BETWEEN ONSET	INTERVAL AND DEATH
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should be e ne word "per o the Chief I burial-tronsit		-	stoting the underlying couse last.) DUE 10, OK	AS A CONSEQUEN	ict or						
s certificate should be executed e, writing the word "pending" i forwarded to the Chief Medical tused as a burial-transit permit.		7	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTION	NG TO DEATH BU	T NOT RELATED	TO THE TERMINAL DIS	SEASE OR CONDITI	ON GIVEN IN PA	ART 1(a)		
This certificate trote, writing the be forwarded to be used as a by a removal and ond		CERTIFICATION	190. DATE OF OPERATION		19b. CONDITION WAS PERFO		ERATION				20. AUTOPSY	? NO 🗌
		MEDICAL CER	21a. EXTERNAL CAUSE WAS PRIMARY OF OR CONTRIBUTING CAUSE OF DEATH	HOUR A.A	۸.	19	21c. HOW INJURY OCC	URRED (Enter nat	ure of injury in	Part 1 or Part 2, I	tem 18.)	
		ME		PLACE OF INJURY (A octory, office building		reet,	21f. LOCATION Street ar	r R.F.D. No.	City or T	own	County	Stote
bical Exampleose execute director. Poge retoined for you DIRECTOR: Poge or to buriol tree	,		22o. I certify that I							, Inquiry [2	_	opinion
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A CO			ACTUAL SIGNATURE	Is Bul	(M.D. ASSIS	TANT MEDICAL EX	AMINER .	22b. DATE	SIGNED 27 19	7/9
o DEPUTY DICAL E	66		EXAMINER'S John	G Ball				TY MEDICAL EXAN RESS(Street, city, t		Bethe	sda, Md	
the the S	0	23a.	BURIAL, CREMATION, 23b	DATE 1,1969			OR CREMATORY		LOCATION (Ci	, ,	, ,,	ote)
	0	24-	ELINEDAL DIRECTOR			ADDDECC	orial Cen	netery 2Sa. REC'D By RI		25b. REGISTRAR'S	legany, M	d.
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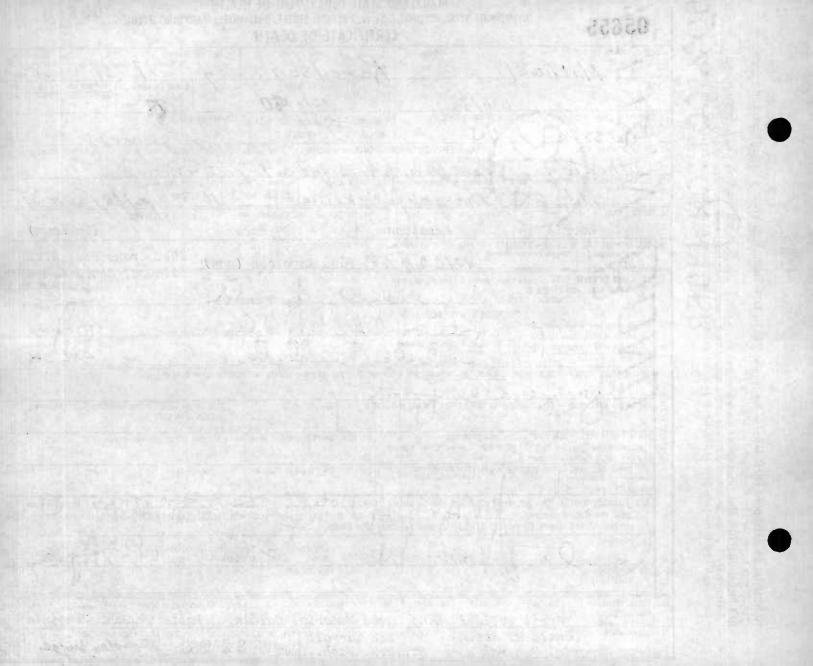
1		05651	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH						
	1 D	ECEASED-NAME Fire	rst Middle	Last	2a. DATE OF DEATH	05646			
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haurr rs. P		BIRTHPLACE (State or foreign	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH	×			
irtificate be executed within 24 haurs after physician and campletely filled in by the face please remave carban papers. Pages oval, and in any event, within 72 haurs after	10. (CFORGIA CITY OR TOWN OF DEATH WHEATON	11. NAME OF HOSPITAL OR I	NSTITUTION (If nat in haspital	12a. USUAL OCCUPATION (Kind af work dane during mast af working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY			
amplete ive carb	13a. adm	USUAL RESIDENCE (Where dece issian) STATE D.C.	eased lived, if institution: Residence before 35. COUNTY		INSIDE CITY LIMITS? 136. STREET AND NUMBER 1339 OH'S PLA	ce N.W. Wash De			
be exe	14.	FATHER'S NAME First Jan	Middle Last nes Johnso	1S. MOTHER'S MAIDER	G 1	Last			
tificate hysiciar n pleas val, and		(If yes given and a representation)	in more or dates of council	YNO. 17. INFORMANT -5163 MISS CI. JOL	Address	15			
bing PHYSICIAN: The law requires that the death certificate be exempt the haspital ar attending physician. After this certificate has been signed by the attending physician and complete der use as the burial-transit permit. Then please remandate Dept. of Health priar to burial, cremation, ar removal, and in any		PART I. DEATH WAS CAU	anly ane cause per line far (a), (b), and (SED BY: DIATE CAUSE (a)	Dissular (eccident	APPROXIMATE INTERVAL BETWEEN ONSET AND OFATH			
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w requing philing phil	NO	N	conditions contributing to death but	celercy					
The la attence that has be as lith pria	CERTIFICATION		Pb. CONDITION FOR WHICH OPERATION WAS	YES _	NO CAUSES OF DEATH?				
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PHYS the has this ce detache	W	While Nat while at wark		FACTORY.) 21f. LOCATION Street or	R.F.D. Na. City or Town	Caunty State			
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D HOSPITAL OR ATTENI Page 4 may be retained 5 FUNERAL DIRECTOR: A director, page 3 should shauld be filed with the		22b. SIGNATURE	W. Birowing	DEGREE ATTENDING PHYS.	DIRECTOR PHYS.	PATE SIGNED 69			
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Page TO FU direct share	E	REMOVAL (Specify)		ony Memorial	Park Maryland	(Caunty) (State)			
30M REV LIGH	24.	FUNERAL DIRECTOR	Juneal Home	St. R. N. DA	APR 1 5 1969 FOLIA				

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be executed within 24 haurs after death. The and completely filled in by the funeral eremove carbon papers. Eages I and 2 in any event, within 72 hours after death.		CEASED-NAME First YPE or print) LLOYD		Middle WARD	JONE	Lost		2o. DATE OF	Month	Doy Year 12 1969	2b. HOUR 1.26 AM
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	7o. E	IRTHPLACE (Stote or foreign try) MARYLAND	7b. CITIZEN OF WHAT		8. MARRIED WIDOWED	NEVER M		. COUNTY OF		3.	Md.
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		210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEA' (If either, notify medicol exami	TH HOUR A.M.	Menth Day Yeor	69 BAT	TLE C	ASUALITY	IN R	ery in Port 1 or Port	F VIETNA	
	8	ANTING MINE	. PLACE OF INJURY (AT		7.0		reet or R.F.D. No.		y or Town	County	Stote
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		Mala 1	R DONALD K	-	, MC, T	22e A	DDRESS	RECTOR D	STAFF PHYS. D	13 Apr	.7/969.
		BURIAL, CREMATION, 23b. DEMOVAL Specify FUNERAL DIRECTOR	DATE APRIL 19		CEMETERY OR	/	4:11	BRO	ON (City or Town) OOKLYN PA	(County) RK AR'S SIGNATURE	(Stote)
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	05654	DIVISION OF VITAL RECORDS, 3	ERTIFICATE OF DEATH	IIMORE, MARYLAND 2120	05649
death. uneral 1 and 2 r death.	1. DECEASED-NAME Fir (Type or print)	st Middle	Lost	20. DATE OF DEATH Month	Doy 69 Year 2b. HOUR
the the	3. SEX	g. RACE	5. DATE OF BIRTH 9/3/36		IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
the death certificate be executed within 24 haurs, the attending physician and campletely filled in by the sit permit. Then please remave carban papers. Pagnatian, ar remaval, and in any event, within 72 hours	7a. BIRTHPLACE (Stote or foreign country)	O.D. 14.	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH	My M
within within tr. within	10. CITY OR TOWN OF DEATH Selver St.	11. NAME OF HOSPITAL OR INST give street address)	during n	JAL OCCUPATION (Kind of work do nost of working life, even if retire	id.) INDUSTRY
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equires that tl physician. signed by the burial-transit burial, cremat	PART 2. OTHER SIGNIFICANT C	onditions <u>contributing to death</u> but no	T RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)	
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# # # # # # # # # # # # # # # # # # #	☐ OR CONTRIBUTING ☐ CAUSE OF D	HOUR A.M. Month Doy Yeor miner) P.M. 19	21c. HOW INJURY OCCURRED (Ent	er noture of injury in Port 1 or Port	† 2, Item 18.)
DING PHYS by the has offer this cer be detache State Dept.	While Not while	e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.			County State
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A S C S S	Matter	Thorn my	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	22c. DAJE SIGNED 4/1/69
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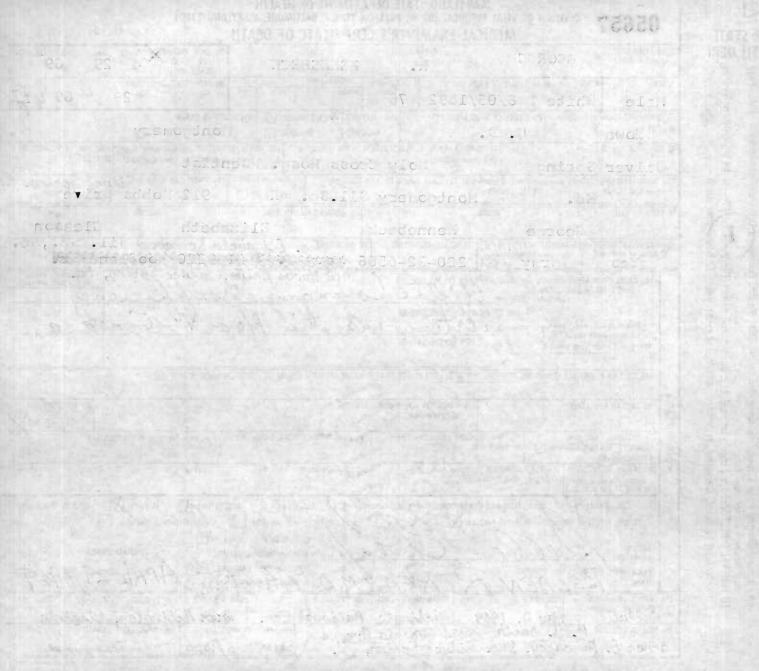
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AN: Il a cate ar u		. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		NJURY Month Dov Year	21c. HOW INJU	JRY OCCURRED (Enter	nature of injury i	Port 1 ar Part 2, 1	tem 18.)	
District the second sec	MEDICAL (If	either, notify medical exomin	HOUR A.M. er) P.M.	monin Doy rear						
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VR A15 (4) 45M - 1/69		Donac	d M. Stei	n ADDRESS	232 Carro	LL ZSO. KELD B	2 2 1969			2
45M - 1/69	Heb1	rew Memorial.	Funeral H	ome St.,	N.W. Wash	., D. MAPR	m m 1305	1	Mark Day	



MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05656 CERTIFICATE OF DEATH 0565 1. DECEASED-NAME First Middle Lost 2b. HOUR A 20. DATE OF DEATH signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please emaye carbon papers. Pages Land 2 burial, crematian, ar remayal, and in any event, within 72 haurs after death (Type or print) **JAMES** KELLY A. 4:00M 1969 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) Male Canc. Sept. 8, 1884 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the haspital ar attending physician. 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Penna. Montgomery U. S. WIDOWED 5 DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Bethesda | Give street oddress | 6400 Landon Lane | 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before | 13c. CITY OR TOWN during most of working life even if retired) til INDUSTR 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Mary Land Montgomery YES X NO 6400 Landon Lane Bethesda 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle JAN James August Kelly Catherine McCallion 16b. SOCIAL SECURITY NO. 216-46-0126 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Daughter Address (If yes give war or dates of service) Yes, no. or unknown) Irene E. Kelly Same as Item 13. Yes 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH Cardiac Arrest 10 Minutes IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) Arteriosclerotic Heart Disease 8 years rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse Generalized arteriosclerosis 10 vears PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) TO FUNERAL DIRECTOR: After this certificate has been detached far use as the e Dept. af Health priar to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO DE 210, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH (If either, notify medicol exominer) HOUR A.M. Month Doy Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while at work director, page 3 should be de shauld be filed with the State 22a. I certify that (I) (this hospital) attended the deceased fram Jan. 15, 1962, ta Apr. 21, 1969, that (I) (we) last saw the deceased alive on Mar. 17, 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abaye, (I) (we) (did) (did not) view the bady ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. Apr. 21, 1969 DONNE HAD DEGREE 8218 Wisconsin Ave. 22d, PHYSICIAN'S 22e. ADDRESS THOMAS F. O'CONNOR, MD NAME (Type) Maryland Bethesda. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b, DATE 23o. BURIAL, CREMATION. (County) (Stote) Burial Burial Arlington Natl Cem. Arlington, Virginia
ADDRESS 250. RECID BY REGISTRAR 250. REGISTRAR'S SIGNATURE 4-24-69 24. FUNERAL DIRECTOR VR A15 (4) 45M - 1/69 ROBERT A. PUMPHREY, Bethesda, Maryland APR 2 3 1969 Minutas Judge

NATIONAL CONTRACTOR OF THE STATE OF THE STAT DOTE THE THE PART OF THE PARTY OF The state of the s ALL AND DESCRIPTION OF THE PROPERTY OF THE PROPERTY OF THE PARTY. William Co. and the street of the anti-case, the state of the street of the state of the state

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05652 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle GEÖRGE Lost 20. DATE KNOWN Month Doy Yeor 2b. HOUR 1069 (Type or Print) delay i ind 3 to Poge ESTI-KENNEBECK R. 0 DEATH MATED State Bepartment IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH AGE (In years 2c. DATE PRONOUNCED DEAD 2, and . last birthday) 6/05/1892 Doy 29 Yeor White Male YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED TANEVER MARRIED 9. COUNTY OF DEATH country) Iowa 4 should be forwarded to the Chief Medical Exomipers-Office olong with form Montgomery DIVORCED U.S. WIDOWED Give Poges 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Cross Hosparing mose warking life, even if retired.) give street oddress) INDUSTRY with the Silver Spring 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN deoth. 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER ilver Spring. odmission) STATE 13b. COUNTY in Item 18. 912 Hobbs Montgomery Sil.Sp YES NO pho 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Lost Middle Elizabeth Gleason Kennebeck George pages HOUSE Elizabeth Kennebossk SII. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 1918 166. SOCIAL SECURITY NO. 17. INFORMANTAL Sp. Md. pencil be executed within (Yes, no, or unknown) 220-32-6566 1954 es File Arm within 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) event DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if ony, which gove rise to immediate couse (a). ony writing the word certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 00 removol CERTIFICATION nsed 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificote, pe 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 0 21b. TIME OF INJURY Month, Dov. Yeor should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. cremotion, CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE NOT WHILE T to buriol. 0 22a. I certify that Ltoak charge of the remains described above, held an Inspection Autopsy . and in my apinian the funeral directar. Undetermined manner retoined death resulted from Natural causes Accident Hamicide CHIEF MEDICAL EXAMINER prior ACTUAL moy be re 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. DEPUTY MEDICAL EXAMINER **EXAMINER'S** Towns or country NAME (Type) 230. BURIAL CREMATION 23b. DATE 23d. LOCATION (City or Town) REMOVAL (Specify) Arlinaton National book Arlington. 1969 Cem. 25o. REC'D BY REGISTRAR VR A15ME (5) Silver Spring. Md. 1969 Michaelas Vardalla 10M REV. 1/68



5 1	Item 7	FilmG/12	MAR N OF VITAL RECO	YLAND STA RDS, 301 W.	TE DEP	ARTMENT OF N STREET, BAL	HEALTH TIMORE, A	MARYL	AND 21201	-9-69	ams	
FOR STATE	4/30/0	9 KK 0565	S MEDICA			ERTIFICATE			Train to	05	6653	
HEALTH DEPT. □ □ □ □	1. DECEASED- (Type or			Middle A .		lost			2a. DATE KNOWN OF ESTI- DEATH MATED	2- 4-2	Day Year	2b. Hour 910:50
ny deloy is 2, and 3 to PM3. Page	3. SEX mal	4. RACE white	S. DATE OF BIRTH 5-7-0		AGE (In years est birthday) YRS	MONTHS DAYS	IF UNDER 2	24 HRS.	2c. DATE PRONOUN Month 4-2	CED DEAD	Year 169	2d. HOUR 10:50
	7a. BIRTHPLA country)	CE (State ar foreign	7b. CITIZEN OF WHAT	COUNTRY?		RRIED ANEVER MA	ARRIED		ntgomery			Mc
hours ofter deoth Item 18. Give Poges 1, Office olong with form 1 and 2 with the State De	10. CITY OR TOWN OF DEATH Silver Spring USA USA WIDOWED DIVORCED 1101105 111. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working Superinte										12b. KIND OF B	
s ofter 18. Give olong 2 with the death.	13a. USUAL odmissian	STATE aryland	sed lived, if institution 13b. COUNTY 30:	n: Residence befo mery		or town er sprin	13d. INSIDE CITY L	IMITS?	13e. STREET AND N 8629 Ein	UMBER		
4 6 8 8 8	14. FATHER'S	NAME First	Middle	Kilbur		IS. MOTHER'S MA	ary	First		Middle Pi	uetz	Last
within 24 pencil in examiner's File poges 72 hours	16a. WAS DEC (Ye N 19 , o	ASED EVER IN U.S. ARMED unknawn) (If yes give		b. SOCIAL SECURITY 577-07-1		17. INFORMANT Mrs. Mild	dred E	. Ki		RESS Same	e as #13	3
s certificate should be executed within 2, writing the word "pending" in pencil is forwarded to the Chief Medical Examiner to used as o burial-transit permit. File page: emoval, and in any event within 72 hour	Condit rise ta	USE OF DEATH (Enter of ART I. DEATH WAS CAUS! IMMEDI ans, if any, which gave immediate cause (a), the underlying couse	D BY: ATE CAUSE (a) DUE TO, OR AS	Cardio A CONSEQUENCE	respi OF urate	ratory	1073			ly		ATE INTERVAL ISET AND DEATH
This certificate shoulicate, writing the work be forwarded to the de used as o buriour removal, and in contemoval, and in contemporal and c	PART 2.	OTHER SIGNIFICANT CON			OT RELATED	TO THE TERMINAL	DISEASE OR C	ONDITION	N GIVEN IN PART 1(a)		
This certilicate, writh be forwar d be used or remova	TIFICA	TE OF OPERATION		b. CONDITION FOR WAS PERFORMI	ED?						2D. AUTO	
certification, tion,	PRIMA CAUSE	TERNAL CAUSE WAS RY OR CONTRIBUTING OF DEATH URY OCCURRED 216.			9 69		eased	ate	e of injury in Part gested o	l or Port 2, I verdo	tem 18.) Se of	State
bical EXAMINER: se execute the certi ector. Page 4 should ned for your files. ECTOR: Poge 3 shou buriol, cremotion,	WHILE AT WO	NOT WHILE -	actory, affice building, e	Home	23		S	ilve	er Sprin	g M	ontg.	Md .
plea plea retoii C DIR	ACTU. SIGNA	ath resulted from:	Notural causes		/_	Suicide X,	Homicid Her Medical SISTANT MEDICAL	EXAMINER	Undetermine R MINER	1 1 1/2		Colon
TO DEPUTY necessory, the funero 5 may be TO FUNERAL Health pr	NAMI	(Type) BEZZ, CREMATION, 23b	DENK	23c NAME	E CENTED			city, ou	vo or county) LOCATION (City or	Inwa)	(County)	(State)
01	BUP	AdSpecify) 4	-26-69	Gate			2Sa. REC'I		lver Spr			(Sidia)
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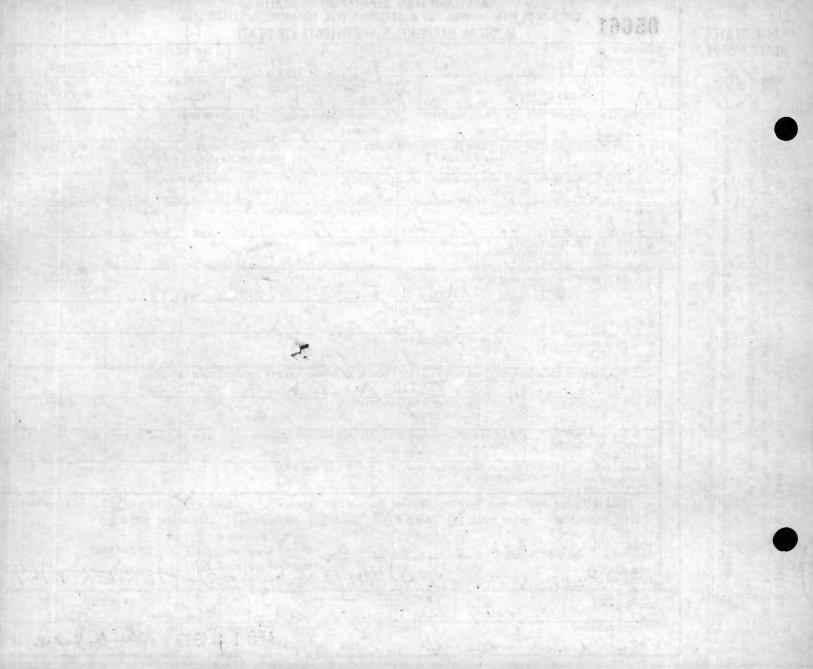
		MARYLAND STATE DEPARTMENT OF HEALTH
1	15	05659 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
0		03034
	# -5 # · · · · · · · · · · · · · · · · · ·	1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR (Type ar print)
	death.	Frederick J. King, Sr. April 5 1969
	filer e fu as 1	3. SEX 4. RACE 5. DATE OF BIRTH Male 4. RACE 5. DATE OF BIRTH June 19, 1907 6. AGE (In years left under 24 Hrs. left und
	rs a	
•	iin 24 hours after death filled in by the funerol popers. Pages 1 and 2 thin 72 fours after death	7a. BIRTHPLACE (Stote ar fareign Country) 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Montgomery Md
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	Son bon	Silver Spring
	requires that the death certificate be executed within 24 hours after death a physicion. I signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please remove carbon papers. Pages 1 and 2 burial, cremation, or removal, and in any event, within 72 hours after death	13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE Md. 13b. COUNTY Mont. Rockville 13c. CITY OR TOWN Rockville 13d. INSIGE CITY LIMITS? 13d. INSIGE CITY LIMITS? 13d. INSIGE CITY LIMITS? 13d. STREET AND NUMBER 13d. INSIGE CITY LIMITS? 13d. INSIGE CITY LIMITS? 13d. INSIGE CITY LIMITS? 13d. STREET AND NUMBER 13d. INSIGE CITY LIMITS? 13d. INSIGE CITY LIMITS? 13d. INSIGE CITY LIMITS? 13d. STREET AND NUMBER 13d. INSIGE CITY LIMITS? 13d. STREET AND NUMBER 13d. INSIGE CITY LIMITS? 13d. INSIGE
	A Auro	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Last
	age die	Albert King Anne Dyer
	on	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (II yes give wor or dotes of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address
	physen poval	Yes, no ar unknown) (If yes give wor or dates of service) 074-10-8409 Nancy S. King Same as #13
	physicion. physicion. signed by the attending physician and countries to burial-transit permit. Then please remoburial, cremation, or removal, and in ony	18. CAUSE OF DEATH (Enter only ane cause per line for (a) (b), and (c).) PART I. DEATH WAS CAUSED BY:
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	low been startion ior in	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? YES NO 100 NO 100 Part 1 or Port 2 Item 18.)
	at a se to	YES NO CAUSES OF DEATH?
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	pital pital d fo of H	Or contributing Cause of OEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. 19 21d INJURY OCCURRED 21e, PIACE OF INJURY / AT HOME, FARM, STREET, FACTORY.) 21f, LOCATION Street or R.F.D. No. City or Town County State
	HYS hos hos school school	
	the det	While \ Nat while \ of wark \ of wark \
	State State	22a. I certify that (I) (this hospital) attended the deceased from 15 , ta 4 , ta 19 , that (I) (we) los saw the deceased alive an 4 , and that in (my) (our) apinion death occurred on the date and hour and from the
	The distriction of the state of	saw the deceased olive an
	OR ATTENDING PHYSICIAN: The low requires the be retoined by the hospital or attending physicion. DIRECTOR: After this certificate has been signed by e3 should be detached for use os the burial-tranged with the State Dept. of Health prior to burial, are	22h SIGNATURE 2
	OR be 3	DIRECTOR DIR
	Poge 4 may be retoined by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been director, poge 3 should be detached for use os the should be filed with the State Dept. of Health prior to	22d. PHYSICIAN'S John J. Eurry, Md. Que 9801 Georgia Ave., Silver Spring, Md.
	HOS ge 4 FUN recto	230. BURIAL, CREMATION, 23b. DATE 623c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
	5 5 5 5 6	Buritan Apr. 9, 1969 Gate of Heaven Silver Spring Mont, Md.
	VR A15 (4)	24. FUNERAL DIRECTOR Francis J. Collins ADDRESS 250. REC'D BY REGISTRAY S GONATORE 250. APR 1 1 1969 25b. REGISTRAY S GONATORE 250. REC'D BY
	30M REV. 1768	FOO University Divd W Cilver Spring Md DAFE

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	-	05660	DIVISION OF VITAL R			IMORE, MARYLAND 2	1201		
					TE OF DEATH		05	655	
		ECEASED-NAME Firs	† M	ddle	Lost	20. DATE OF DEATH		V	2b. HOUR
		TAM	155 W.		175	Paril Manth	Day	1969	220AN
	3. SE	EX ,	4 RACE	S.	DATE OF BIRTH	6. AGE (In	years IF		IF UNDER 24 HRS.
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		BIRTHPLACE (Stote or foreign ntry)	76. CITIZEN OF WHAT COUNTR	8. MARRIED	NEVER MARRIED	9. COUNTY OF DEATH			
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ger.	130.	USUAL RESIDENCE (Where decen	used lived, if institution: Resider	nce before 13c. CITY OR TO		IMITS? 13e. STREET AND NU	MBER		
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	14. F	FATHER'S NAME First	Middle	Last IS. A	NOTHER'S MAIDEN NAME F	First	Middle		Lost
		William		King F	SERTHA.	5			
		WAS DECEASED EVER IN U.S. AF	MED FORCES? 16b. SOCIA	L SECURITY NO. 17. INFO	ORMANT LAWYON-	suille, Md. A	ddress		
j		es, no, or unknown) (If yes give	war or dates of service)	111	VIAN DORSE	V - (dans the)		
		18. CAUSE OF DEATH (Enter of	nly ane cause per line far (a), (b), and (c),)				APPROXIMA BETWEEN ONSE	TE INTERVAL
		PART I. DEATH WAS CAUS	ED BY: NATE CAUSE (a) Pulmo						eek
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		Conditions, if ony, which gave) Rheim	atic Heart D	i casca				
		rise to immediate couse (a), stoting the underlying cause	(b) 1011Cdii		130430	- harring and		gr	N)
		last.		iosclerotic	Heart Dices	000		110	
		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO T	HE TERMINAL DISEASE OR O	CONDITION GIVEN IN PART 1/2	-1	- Ju	<u>v</u> .
				<u> </u>	TERMINAL DISEASE ON C	TOTAL THE HALL SEE	')		
	CERTIFICATION	19a. DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATI	ON WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE F	NDINGS CON	SIDERED IN CER	TIEVING
/	IIFIC				YES NO	CALICTO OF DEATING	NDINOS CONS	JIDERED IN CER	TH THEO
		21a. ACCIDENT WAS UNDERLYI	NG 21b. TIME OF INJURY	21c. HOW		r nature of injury in Port 1 a	r Port 2 Item	m 181	
	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Month D	Day Year	THE TENED PERSON	i natore of injury in fort i a	1 1 (11) 2, 11011	11 10.3	
		21d. INJURY OCCURRED 21e		M, STREET, FACTORY, 21f. LOCA NG, ETC.	TION Street or R.F.D. Na.	. City or Tawn		County	State
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		22b. SIGNATURE	Dais		ATTENDING M	MED. STAFF	22c. DAT	TE SIGNED	a
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1		22d. PHYSICIAN'S NAME (Type) JOH	N 5.5A1	`A	22e. ADDRESS	a = B. //	RO!		
		V			1809 01.	ers nill	7		
	23a.	BURIAL, CREMATION, 23b.	DATE 23c	NAME OF CEMETERY OR CRE	MATORY	23d. LOCATION (City or To-	wn) ((County)	(Stote)
	1	OCK IHL	122/69 D.	KOOKE GOOD		Nayton	50,110	= /400i	ta Mo
4	24.	FUNERAL DIRECTOR	Anond.	ADDRESS	2Sa. REC'D 8		GISTRAR'S SIG	NATURE	1:
1		JULY 1	10 miles	Mach	PATER 2	4 1969 100	invers	A Comment	

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05656 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle Lost 20. DATE KNOWN 2b. HOUR Doy Yeor (Type or Print) OF ESTI-DEATH MATED Page 10 IF UNDER 24 HRS. 3. SEX 4. RACE DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD ond 2, ond Yeor 6 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH Dep 7b. CITIZEN OF WHAT COUNTRY he certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forworded to the Chief Medical Examiner's Office along with farm country) Item 18. Give Poges 1 WIDOWED [DIVORCED the Stote 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during mest of working life, even if rethed? INDUSTRY 2 with death. 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY YES 🗍 NO. pup Middle 14. FATHER'S NAME MOTHER'S MAIDEN NAME First bast bages hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT within pencil **ADDRESS** (Yes, no, or unknown) WW File APPROXIMATE INTERVAL within TAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c). executed BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) event DUE TO, OR AS A CONSEQUENCE OF burial-tronsit Conditions, if ony, which gove rise to immediate couse (a), writing the word any certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 removol, CERTIFICATION used CONDITION FOR WHICH OPERATION WAS PERFORMED? 190. DATE OF OPERATION 20. AUTOPSY? This the certificote, YES [pe 0 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should HOUR A.M. PRIMARY OR CONTRIBUTING cremation, **EXAMINER:** CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. Stote City or Town County foctory, office building, etc.) FUNERAL DIRECTOR: Page NOT WHILE AT WORK AT WORK pleose execute burial, 22a. I certify that I taak charge of the remains described above, hold an Autopsy Inspection Inquiry and in my apinian director. Natural causes retoined death resulted fram: **S**uicide Hamicide Underermined manner prior to CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE DEPUTY MEDICAL EXAM 5 moy ro FUNE Heolth **EXAMINER'S** NAME (Type) 23b. DATE NAME OF BURIAL CREMATION LORATION. (City or Town) (County) (Stote) MOVAL (Spedify) 24. FUNERAL DIRECTOR **ADDRESS** 2Sb. VR ATSME (5)

MARYLAND STATE DEPARTMENT OF HEALTH



			MAKI	LAND STATE DEPARTMENT OF	HEALIH	
11		05662	DIVISION OF VITAL RECO	RDS, 301 W. PRESTON STREET, BA	LTIMORE, MARYLAND 21201	
1		00000		CERTIFICATE OF DEATH		05657
4 -24		CEASED-NAME XX	Middle addicate	C Last	2a. DATE OF DEATH	2b. HOUR
deat	(SOL Stan	1.	Lazarus	4 Month 30 Do	1430 M
fun	3. S		4 RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
aft the saft		M	Caus,	11-17	- 1898 last birthday) YRS.	MONTHS DAYS HOURS MIN.
P P P	7a.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
ni hy	cau	itry) N V	USA	WIDOWED DIVORCED	Maritaga	O A V Md.
n 2 illed pap	10.	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	OR INSTITUTION (If not in hospital 120. U	SUAL OCCUPATION (Kind of work done	126. KIND OF BUSINESS OR
within 24 haurs after death ely filled in by the funeral ban papers. Pages 1 and 2, within 72 hours after death	1	Vheaton	give street address)	Vurs Home during	most of working life, even if retired.)	INDUSTRY
cart,	13a.	USUAL RESIDENCE (Where deced	ased lived, if institution: Residence b		TY LIMITS? 13e. STREET AND NUMBER	- 1
executed cample	aam	ssian) STATE Md.	PYONTGOM	ery Silver Soring YES	NO 9302 Pil	ver Branch Rd
any any	14.	ATHER'S NAME First	Middle	lost IS. MOTHER'S MAIDEN NAME	First Middle	Lost
h d		Haro	D 4920	irus 5	arah.	Samuel Son
icial an	160	WAS DECEASED EVER IN U.S. AR		URITY NO. 17. INFORMANT	Address	9302 Piney
tific shys		s na ar waknown) (If yes give	1 2 17-	8-5172 Mrs. Frances	M. Lazarus Rnan	
cer The The		1B. CAUSE OF DEATH (Enter of	anly one cause per line far (a), (b), a			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ndir.		PART I. DEATH WAS CAUS	ED BY: (IATE CAUSE (a) CARCI	NOMA OF LUN	a, LoL	7 405.
affe affe an, a		1621	DUE TO, OR AS A CONSEQUEN	CE OF		
the the state of t		Conditions, if any, which gave				
that In. by tons rem		rise to immediate couse (a), stating the underlying cause		CE OF		
res sicic ed al-tr al, c		last.	(c)			
phy sign suri	1	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE C	OR CONDITION GIVEN IN PART 1(a)	
ng ng en s	z	BULLOU.	S EMPHYSEN	UA, CORONARY	ARTENY DIS.	
law endi : be is th	CERTIFICATION	19a. DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION V	VAS PERFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
The atternation of the person	E			YES NO	CAUSES OF DEATH?	
are are		21a. ACCIDENT WAS UNDERLYI		21c. HOW INJURY OCCURRED (Er	nter nature of injury in Part 1 ar Part 2,	Item 18.)
itilica di fe af H	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. Manth Day P.M.	Year 19		
ATTENDING PHYSICIAN: The law requires that the death certificate be etained by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physician a should be detached far use as the burial-transit permit. Then please rith the State Dept. af Health priar ta burial, crematian, ar remayal, and in	ME	21d. INJURY OCCURRED 216		REET, FACTORY.) 21f. LOCATION Street or R.F.D.	Na. City ar Tawn	Caunty State
the this detc		While Not while at work		1	10 1/2	10
by fiter be stat		22a. I certify that (I) (t	his haspital) attended the de	ceased from 19	01, to 470, 19) /, that (I) (12) last
ENG ed A: A Jid he he		saw the deceased	alive an (did) (did not) view	7 19 69, and that in (My) (est) a the bady after death.	pinian death accurred an the d	ate and haur and from the
TTA Tain tain that the tain th		22b. SIGNATURE	ve, (1) (mass) viev	The body differ dealin.	1 220	DATE SIGNED/
DR DR IREG		Ville	I Spellen	DEGREE PHYS.	MED. DIRECTOR DIRECTOR PHYS.	4/30/69
AL AL Dogge file		22d. PHYSICIAN'S A	NCIDA	22e. ADDPLSS (7	1 (Line Console
Page 4 may be retained by the haspital ar attending physician. To HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. af Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death.		NAME (Type)	14 Stocker	980	(CA-Orugia, S	MO.
HO nge rect	23a.		DATE 23c. NA/	ME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
5 5 5 jp		REMOVAL (Specify) BURTAL Max	u 1. 1969 King	David Memorial Gard	len Falls Church	, Virginia
VR A15 (4)		FUNERAL DIRECTOR Donal	d M. Stein	DRESS 232 Carroll 250. RECT	BY REGISTRAR 254 REGISTRAR	S. SIGNATURE
VR A15 (4) 45M - 1/69	$H\epsilon$	brew Memorial	Funeral Home St	., N.W. Wash., D. OMAY	0 1303 /	1 "

en cs Il Stanley Largery 4 30 69 N COUSI 11-17-1858 75-Wheaton Why mans Home E. H. H. Ald Michelley Supersonal A Land Server Holley Al Agree Same Same YES INVIVE BUT HAVE BE BEING HE THE SALES Edicasona of LUNG LUL BULLOUS ELIPHYSELLE, COROLLERY HERROY OL and the sea of the Which Challester was a second of the last TAKIN ENCORRECT 9/10/ GEORGIA SENT PROM

200	115663 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	Item5 FilmGhl2 5/7/69 kk CERTIFICATE OF DEATH 05658
1.	DECEASED-NAME (Type or print) (Type or print) (Appear print) (Appe
	11 Kily L. REE 4 24 1969 5
3.	Female 1. RACE S. DATE OF BIRTH 1887 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HI) Feb. 22, 1818 S. DATE OF BIRTH 1887 S. DATE OF BIR
70	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? PUBLIC. Closed States WIDOWED DIVORCED PROPERTY Country) WIDOWED DIVORCED PROPERTY PORTER PORTER
10	11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) Holy Cross 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 12b. KIND OF BUSINESS OR INDUSTRY
13	3a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN TIMESTER NO 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 203 Makins Lane
14	4. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last
L	William H. Lee Louise Washington
16	6a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) NO 16b. SOCIAL SECURITY NO. 577-05-2221 Adele L/ White 6425 14th St., N.W. D.C. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
TIPICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INITIRY 21c. HOW INITIRY OCCURRED. (Foter nature of injury in Part 2 are Part 2. Item 18.)
	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 32c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 32c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 32c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 32c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 32c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
440	21d. INJURY OCCURRED While Nat while of wark o
	22a. I certify that (I) (this haspital) attended the deceased from, 19, ta, 19, that (I) (we) I saw the deceased alive an19, and that in (my) (aur) opinion death accurred on the dote and hour and from a causes stated abave, (I) (we) (did) (did nat) view the bady after death.
	226. SIGNATURE ATTENDING ATTENDING DIRECTOR STAFF 122c. DATE SIGNED 4/25/69
	22d. PHYSICIAN'S NAME (Type) WILLIAM MARCUS, M.D. 22e. ADDRESS 10620 Georgia Ave., Sil.Spr., Md.
23	30. BURIAL, (REMATION, BUYLLE Cify) 23b. DATE 23c. NAME OF (EMETERY OR (REMATORY 23d. LOCATION (City or Town) (County) (State) Lincoln Mem. Cem. Suitland Maryland
2	A FUNERAL DIRECTOR ADDRESS 1820 9th, N. Wesa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 1820 9th, N. Wesa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 1820 9th, N. Wesa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

MAKTLAND STATE DEPARTMENT OF HEALTH

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	after he fur ges 1	3. 5	EX	4. RACE	5. DATE OF BIRTH	11 11 11 11 11	6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	urs after Pages Pages		Female	white	17 Se,	pt 1887	last birthday) YRS.	MONTHS DAYS	HOURS MIN
	nin 24 haurs a filled in by th papers. Page	7a.	BIRTHPLACE (State ar fareign ntp.)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF			
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	within 24 within 24 within 77	10.	city or town of death Silver Spring	11. NAME OF HOSPITAL OR I		2a. USUAL OCCUPATION		12b. KIND OF INDUSTRY	BUSINESS OR
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	ple ple	13a adn	USUAL RESIDENCE (Where decer issian) STATE Md.	ised lived, if institution: Residence before			REET AND NUMBER		
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	ote be executed with cion and completely is ease remove corban and in any event, with	14.	FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN		Middle		Last
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	ne death cer attending p permit. The ion, or remo		18. CAUSE OF DEATH (Enter of	nly ane cause per line far (a), (b), and (Cerchial	APPROXIA BETWEEN OF	NATE INTERVAL NSET AND DEATH
	aftendi aftendi permit.		PART I. DEATH WAS CAUS	ED BY: NATE CAUSE (0)CORBURAL	vasculer a	recedent	dumbali	84	lars
	afte on,		433.9	DUE TO, OR AS A CONSEQUENCE O	SECRETARION.				
	the sit p		Canditians, if any, which gave	1 (b) corebras	arterio si	clorosin		50	-
	tha in. by an		rise to immediate cause (a), stating the underlying cause						
	es sicio ed ol-ti		last.	(c) General	eyes arteres	relesoris		150	100
	equires that the physician. signed by the buriol-transit burial, cremat	13	PART 2. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN	IN PART 1(a)	0	
	ng en en to	z	and the Utyle						
	tending to the state of the priar to	ATTO	19a. DATE OF OPERATION 19b	. CONDITION FOR WHICH OPERATION WAS F	ERFORMED 20a. AUTOPSY?	20b. IF	YES, WERE FINDINGS CO	ONSIDERED IN CE	RTIFYING
	AN: The law radio of or ottending icate has been for use as the Health priar to	CERTIFICATION			YES	NO CAUSES	OF DEATH?		
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	是 語 語 記 記 記 記 記 記 記 記 記 記 。 記 。 記 。 記 。 記	MEDICAL	ar contributing cause af DE.	NTH HOUR A.M. Manth Day Yea iner) P.M.	9			,	
	YSI nosp cert chec	MEE	214 INTUDY OCCUPPED 214	. PLACE OF INJURY / AT HOME, FARM, STREET, F	ACTORY,) 21f. LOCATION Street or R	R.F.D. Na. City	ar Tawn	Caunty	State
	PH this this eta De		While Nat while at wark	COFFICE BUILDING, ETC.		,		,	
	NG V the ter e d		22a. I certify that (1)_(t)	nis haspital) attended the decea	sed from Love	. 19_68. to	Hamel 19	65 that	(I) (we) last
	A b d b d b d b d b d b d b d b d b d b		saw the deceased	nis haspital) attended the decea alive an 3 cycl e, (I) (we) (did), (did not) view the	19 6 Gand that in (my) (a	ur) apinian death a	ccurred an the da	te and haur	and fram the
	OR Dine		causes stated abov	e, (I) (we) (did) (did nat) view the	bady after death.				
	ECT Per		22b. SIGNATURE	7/1/1	ATTENDING	MED.	STAFF 22c. C	DATE SIGNED 1	1010
	De pe		Melon	2. Unite	DEGREE PHYS.	DIRECTOR L	PHYS. 4	opul,	1869
	O HOSPITAL OR ATTENDING PHYSICI Poge 4 moy be retoined by the hospit D FUNERAL DIRECTOR: After this certif director, poge 3 shauld be detached should be filed with the State Dept. of		22d. PHYSICIAN'S NAME (Type) Merte	on I. White	22e, ADDRESS 9911	feory 10	a Anil	Silver S	ning Md
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the buriol-transit permit. Then please remays corban pagers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 trans ofter death.	23a	BURIAL, CREMATION, 23b.	81690 23c NAME OF St. M	CEMETERY OR CREMATORY	23d. LOCATION	N (City or Town) er Downshi	(County) p. Penn	(State)
		24.	FUNERAL DIRECTOR	Someth ADDRES	2Sa	REC'D BY REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE	
	VR A15 (4) 45M - 1/69	U	larner . Pumpl	vey Inc. 8434 Ga.	Aven Silver A	PR 1 1 1969		by Jacobal	2
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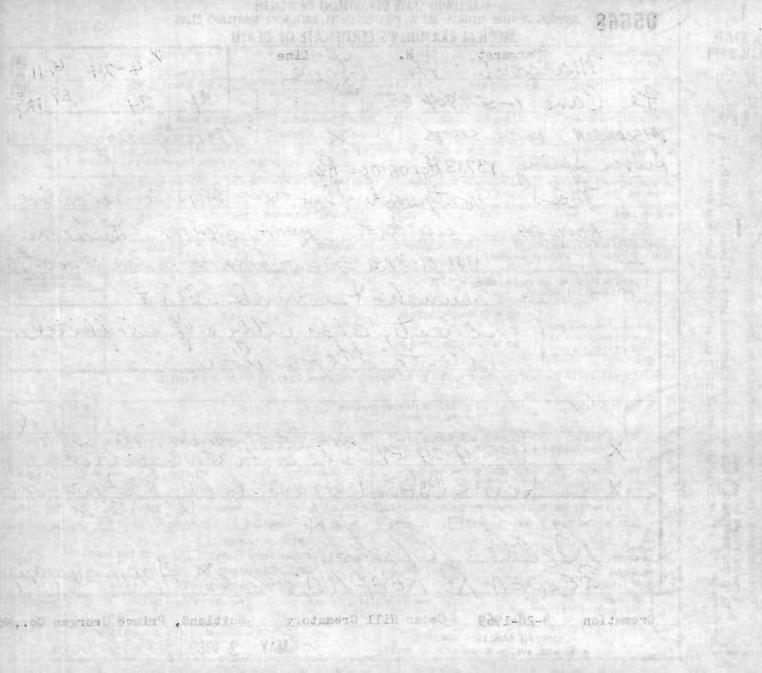
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1	05665	F VITAL RECORDS, 301 W. PRESTON STREET, BALTI CERTIFICATE OF DEATH	MURE, MARYLAND 21201 05660
~ -:	1. DECEASED-NAME First	Middle Last	2a. DATE OF DEATH 2b. HOUR
ond 2 deoth.	(Type or print) AGNES	Y LEON	APRIL 6 1969 6510
	3. SEX 4. RACE	S. DATE OF BIRTH	6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
П	FEMALE	WHITE 1/13/91	last birthday) MONTHS DAYS HOURS MIN
	7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF V	VHAT COUNTRY? 8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH
	WOSHINGTON X.	U.S.A. WIDOWED DIVORCED	MONTGOMERY M
	10. CITY OR TOWN OF DEATH Silver Copins Modern	NAME OF HOSPITAL OR INSTITUTION (If not in hospital) 120. USUA estreet address) Fair Law Davis during mo	AL OCCUPATION (Kind of work dane state) is of working life, even if retired.) HOUSEWIFE AT HOME
0	13o. USUAL RESIDENCE (Where deceosed lived, if institu	ution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LI	MITS? 13e. STREET AND NUMBER
1	admissian) STATE D. 13b COUNTY	MONTG. BETHESDIA YESE NO	6014 ONON DAGA Rd.
	14. FATHER S NAME First Middle	Last 1S. MOTHER'S MAIDEN NAME F	rst Middle . Lost
	ALEX	ST. JOHN Mary	- QULFIELD
	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or ynknawn) (If yes give war or dates of service)	166. SOCIAL SECURITY NO. 17. INFORMANT 577-68-6187 D.R. 1-1-BERT LE	ON SAME AS # 13
ł	10 CAUSE OF BEATH /Face and and		APPROXIMATE INTERVAL
1	18. CAUSE OF DEATH (Enter only one couse per PART 1. DEATH WAS CAUSED BY:	alle for (a), (b), and (c).)	BETWEEN ONSET AND DEATH
	4109 IMMEDIATE CAUSE (a)	AS A CONSEQUENCE OF	Lay,
Я	Canditions, if any, which gave)	myseardial e	wharet 2h7
	rise to immediate cause (a), DUE TO, OR	AS A CONSEQUENCE OF	1 21 - 11
	lost. (c)	Muterioselerolie fr	earl deseale years
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCO	ONDITION GIVEN IN PART 1(a)
	19a, DATE OF OPERATION 19b, CONDITION FOR W	HICH OPERATION WAS PERFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
	19a. DATE OF OPERATION 19b. CONDITION FOR W	YES NO NO	CAUSES OF DEATH?
	21a. ACCIDENT WAS UNDERLYING 21b. TIME	OF INJURY 21c. HOW INJURY OCCURRED (Enter	nature of injury in Part 1 ar Port 2, Item 18.)
	Grand Contributing CAUSE OF DEATH CITY CONTRIBUTING PART CONTRIBUTING PART CONTRIBUTION P.M.	. 19	
	While Not while	(AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No.	City ar Tawn Caunty State
1	at wark at work 22a. I certify that (I) (this hospital) at	tonded/the decogned from	9 to 11 (10 / O then ///) 1
	saw the deceased alive an	7/5 19/9, and that in (my) (our) only	(i) (we) lo nion death occurred an the date and hour and fram th
	causes stated abave (1) (we) (did	(dfd not) view the body ofter deoth.	
	22b. SIGNATURE	Mellandone ATTENDING M	ED. STAFF C 22c. DATE SIGNED RECTOR PHYS. C 4/6/69
	22d. PHYSICIAN'S	PHYS. DI	RECTOR LI PHYS. LI 4/6/69
1	NAME (Type) RICHARD ()	BELANEY 4323 HA	RVARD, SILVER SPRING, MIS.
I	23a. BURIAL, CREMATION, 23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City ar Tawn) (Caunty), (State)
1	BREMOVAL (Spacify) 4/9/69	HOLY ROOD CEM.	WASHINGTON, D. C.
		OWIS ADDRESS E. W. W 250. REC'D BY	registrar 2sb. registrar's signature
-	· IN	ASHINX-TON, D.C. MEKI	ייייין דייין אייין דיייין דיייין

MARYLAND STATE DEPARTMENT OF HEALTH

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	1	DECCO	DIVISION OF VITAL RECOR	DS, 301 W. PRESTON STREET, B	ALTIMORE, MARYLAND 2120	1 0 7 0 0 7
		05667		CERTIFICATE OF DEAT	TH CONTRACTOR OF THE CONTRACTO	05662
£ - 24		ECEASED-NAME	First Middle	Lost	2o. DATE OF DEATH	2b. HOUR
rs after death. The funeral Pages I and 2	(Type or print)	Any C.	Leinis	April Month	Poy year 220 M
fun 1	3. S	EX	4. RACE	I S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
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haurs after in by the f	70	BIRTHPLACE (Stote or foreign	ign 7b. CITIZEN OF WHAT COUNTRY?	10-01	9. COUNTY OF DEATH	rs.
h (ii sh		ntry) To V no	U.S.A.	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	7. COUNTY OF DEATH	
filled thin 24	10	CITY OR TOWN OF DEATH			111001901	1chy Md.
cuted within ampletely fille ve carban pe event, within	10.	Bathand	give street address)		USUAL OCCUPATION (Kind of work doing most of working life, even if retire	
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d camp move		MAN	4 19hd 11101190m	try silverspring	107/3	CAKWOODST.
and con remo	14.	FATHER'S NAME First		to the state of th	ME First 0 Middle	Lost
SS		Henry	Cumps		Compston	
sician Seas	160	(es, no, or unknown) (if)	ves give war or dates of service)		Addres	
# \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		No	220 54	2387 Charles F.	Lewis (son) Sa	ame as # 13
e G		18. CAUSE OF DEATH (E	Enter only ane cause per line for (o), (b) and	(c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ne death ce attending/ permit. The		PART I. DEATH WAS	S CAUSED BY: IMMEDIATE CAUSE (o)	rdiac tail	url	3/11
afte erm on, o		14/23	DUE TO, OR AS A CONSEQUENCE	OF	, 1	77000
t the sit p		Conditions, if any, which	h gove)	esispella de	H diame.	5-111.
hat n. 3y t ans		rise to immediate couststating the underlying of		OF .	" anguase	3097
equires that the death certific physician. signed by the attending physi burial-transit permit. Then p burial, cremation, ar removal,		last.	(c) (see	usalised a	Uslesioselu	2011-
hysign or ignoring the control of th		PART 2. OTHER SIGNIFICA	ANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1(a)	
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The law requires the attending physician. has been signed by se as the burial-traith priar to burial, cre	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WA	S PERFORMED 20o. AUTOPSY?	20h IF YES WERE FINDING	GS CONSIDERED IN CERTIFYING
he and a property	IFIC				CAUSES OF DEATH?	ou considered in certification
PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death e haspital or attending physician. his certificate has been signed by the attending physician and campletely filled in by the funeral stacked far use as the burial-transit permit. Then please remove carban papes. Pages I and Spept. af Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death	CERT	21o. ACCIDENT WAS UND	DERLYING 21b. TIME OF INJURY		Enter noture of injury in Port 1 or Port	t 2 Itam 181
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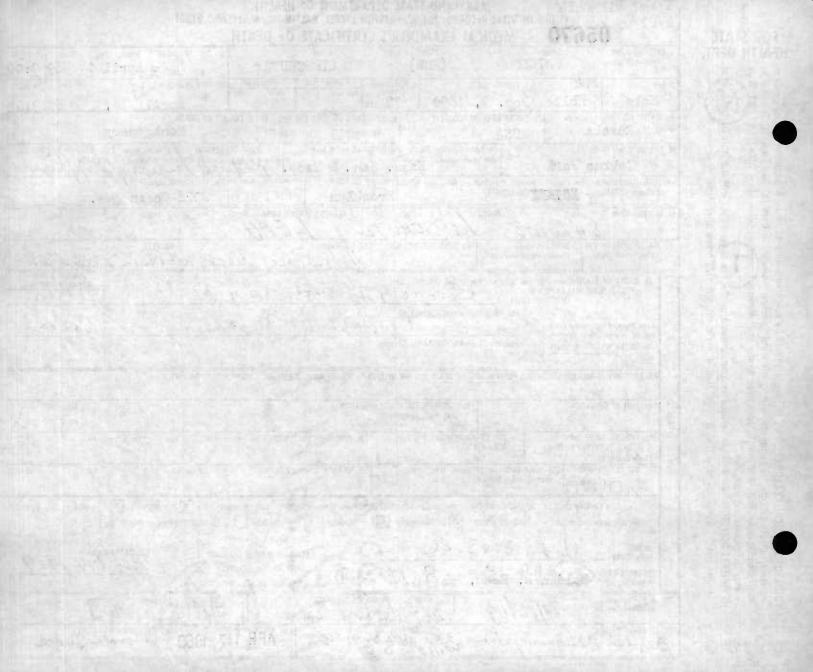
MARYLAND STATE DEPARTMENT OF HEALTH 05668 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05663 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. First Margaret Middle H . 1. DECEASED-NAME Lost Line 2a. DATE KNOWN Month Day (Type or Print) ESTI-Poge to DEATH MATED delay 3 = 6. AGE (in years IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD S. DATE OF BIRTH 196 pup PM3 65 Deport 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED olong with form WIDOWED Pages the Stat 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital 12a. USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during mast af working life, even if retired.) INDUSTRY death. 13a. USUAL RESIDENCE (Where deceased fixed, if institution: Residence before 13c. CIPOR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES NO Office Item ofter IS MOTHER'S MAIDEN NAME 14. FATHER'S NAME Middle the Chief Medicol Exominer's haurs 2 pages 16a, WAS DECEASED EVER IN U.S. pencil 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, ar unknown) (If yes give war or dates of service) File within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), BETWEEN ONSET AND DEATH permit. PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) event burial-transit Conditions, if ony, which gove rise to immediate cause (a). word in ony shauld DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause the should be forwarded to puo certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 removal CERTIFICATION used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? certificote. pe 0 21a. EXTERNAL CAUSE WAS 3 should 21b. TIME OF INJURY Month, Dov. Year PRIMARY DELOR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, 21f. LOCATION Street or R.F.D. No. City or Town County NOT WHILE 22a. I certify that I took charge of the remains described above, held an Autopsy one in my apinion Inspection Inquiry the funeral director. deoth resulted from. Notural causes Accident Suicide Homicide Undefermined manner CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED SIGNATURE **EXAMINER'S** moy Health NAME (Type) owp (county) 50 23g. BURIAL CREMATION 23b. DATE 23d. LOCATION (City or Town) (State) (County) REMOVAL (Specify) Cedar Hill Crematory Suitland. Prince Georges Co., Md Cremation 2Sb. REGISTRAR'S SIGNATURE JOSEPH GAWLER'S SON, INC. 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR Charles VR A15ME (5) MAY 1969 \$130 WISC. AVE., N. W. WASH., D. C. 20016 10M REV. 1/68



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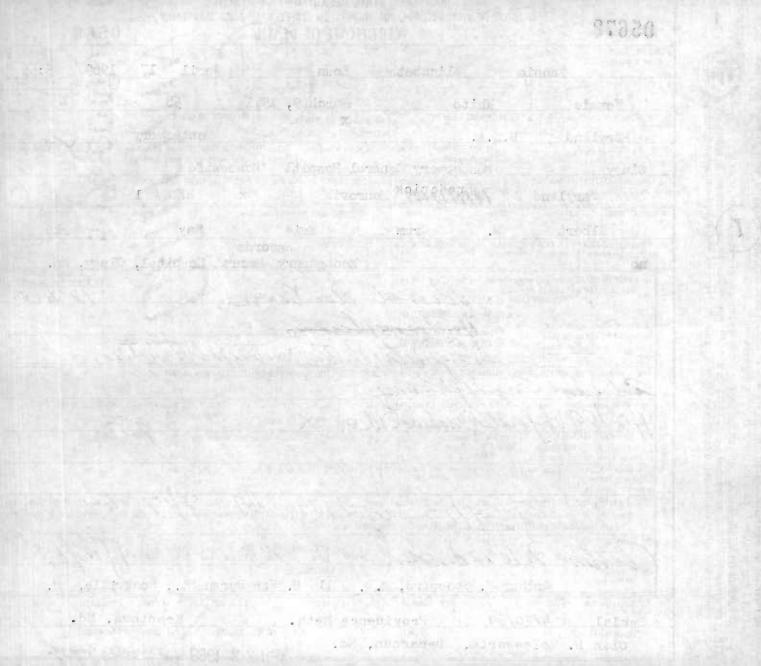
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luire hysi igne uria		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)							
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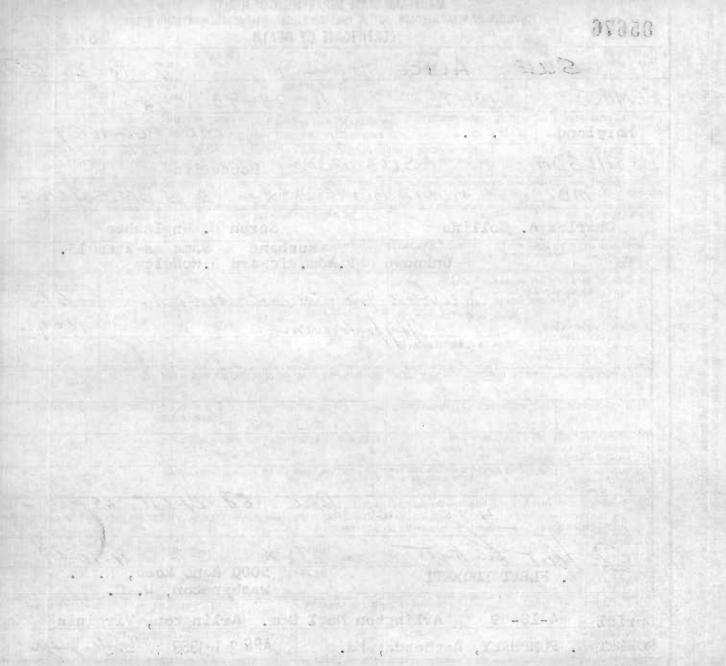
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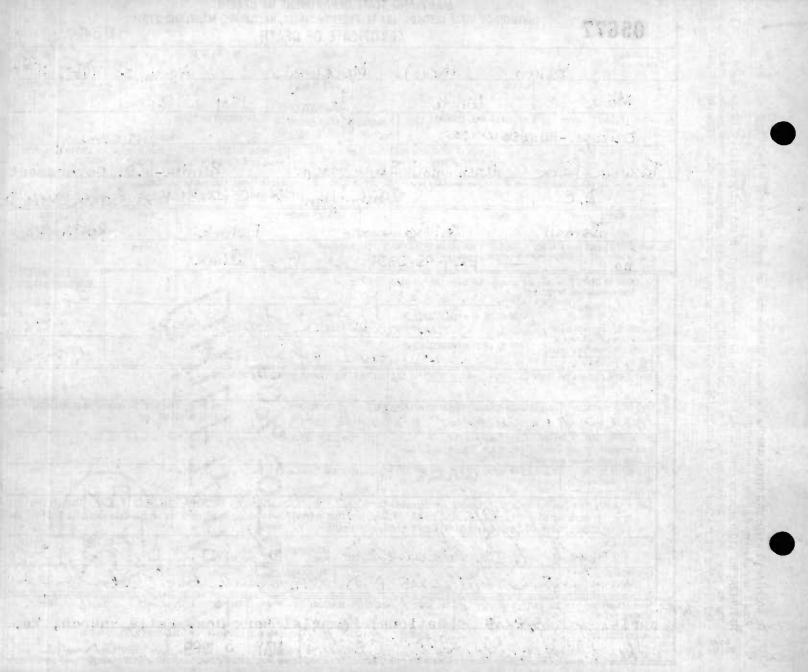
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05676 CERTIFICATE OF DEATH 05671 DECEASED-NAME Middle 20. DATE OF DEATH death. 2b. HOUR requires that the death-cartificate be executed within 24 hours after death SUE (Type or print) LICE MCNULT 4. RACE 6. AGE (In years FEMALE 11-29last birthday) 7a. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Maryland U. S. MONTGOMERY WIDOWED [DIVORCED | 10. CLTY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY MONT. 5015 BATTERY LANE 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Charles A. Collins Sarah C. Unglesbee 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMAPlusband Same asdrestem 13. Yes, no or unknown) (If yes give wor or dotes of service) Unknown R.Adm. Richard R. McNulty CAUSE OF DEATH (Enter only one couse per line to) (o), (b), and (c).)
 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove) rise to immediate couse (o). stoting the underlying couser PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) this certificate has been 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO X YES [21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work TO FUNERAL DIRECTOR: After 220. I certify that (I) (this haspital) ottended the deceased from Label , 19 6 0, to Label 15 , 1969, that (I) (we) last saw the deceased alive an 4-15 1967, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body ofter deoth. ATTENDING MED. DIRECTOR director, page 3 shauld be filed w DEGREE PHYS. 5000 Reno Road, 22e. ADDRESS FLEET LUCKETT Washington, D. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. (County) (Stote) Burial (Specify) 4-18-69 Arlington Natl Cem. Arlington, Virginia 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR VR A15 (4) 45M - 1/69 ROBERT A. PUMPHREY. Bethesda, Md. Whenley Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05677 05672 CERTIFICATE OF DEATH y filled in by the funeral on papers. Rages 1 and 2 yithin 72 hours after death. 1. DECEASED-NAME First Middle 2o. DATE OF DEATH Lost 2b. HOUR 24 hours after deoth (Type or print) Month Me 3. 5FX 5. DATE OF BIRT RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) DAYS MONTHS HOURS Male 1901 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED country) wrope-Russtanerica WIDOWED DIVORCED event, within 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF TUSINESS OR executed within give street oddress) during most of working life, even if retired.) **INDUSTRY** remove corbon completely ainter-U Governme 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY YES NO 2731 Washington signed by the attending physician ond co burial-tronsit permit. Then please remov burial, cremation, or removal, ond in ony 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Middle Lost requires that the death certificate be Redlinska Smai Kamanovic 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Chart Yes, no, or unknown) (If yes give war or dates of service) -95-2359 APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Poge 4 moy be retoined by the hospitol or ottending physicion. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to OR ATTENDING PHYSICIAN: The low CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? Y ES NO [ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov (If either, notify medical examiner) P.M (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from (16, 1909, ta Work 30, 1909, that (I) (we) last saw the deceased alive an 2019 69, and that in (my) (our) apinian death accurred an the date and haur and from the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING DIRECTOR PHYS PHYS 22e, ADDRESS 22d. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) 23b. DATE NAME OF CEMETERY OR CREMATORY (Stote) (County) 23o. BURIAL CREMATION REMOVAL (Specify) National Memorial Park Cem. Falls Church 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) DAMAY 5 1969 30M REV. 1/68

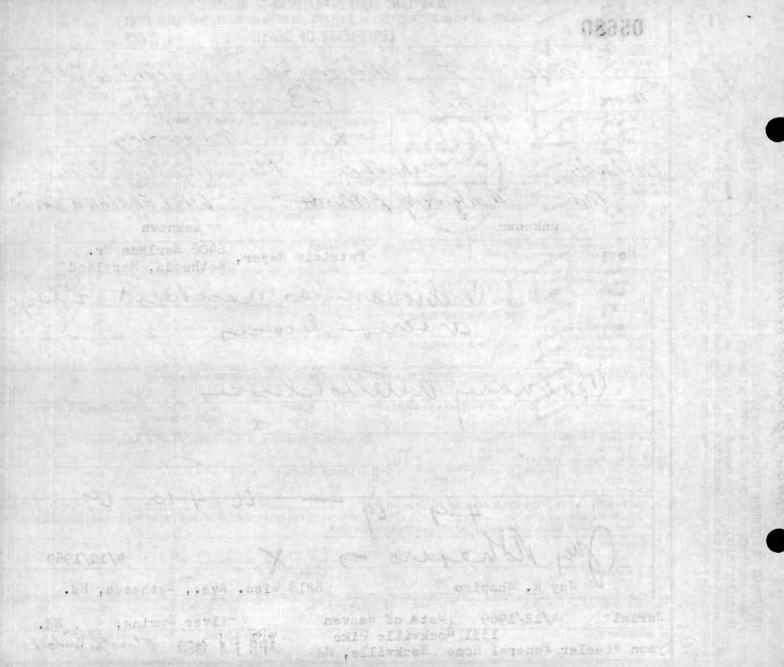


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MARYLAND STATE DEPARTMENT OF HEALTH

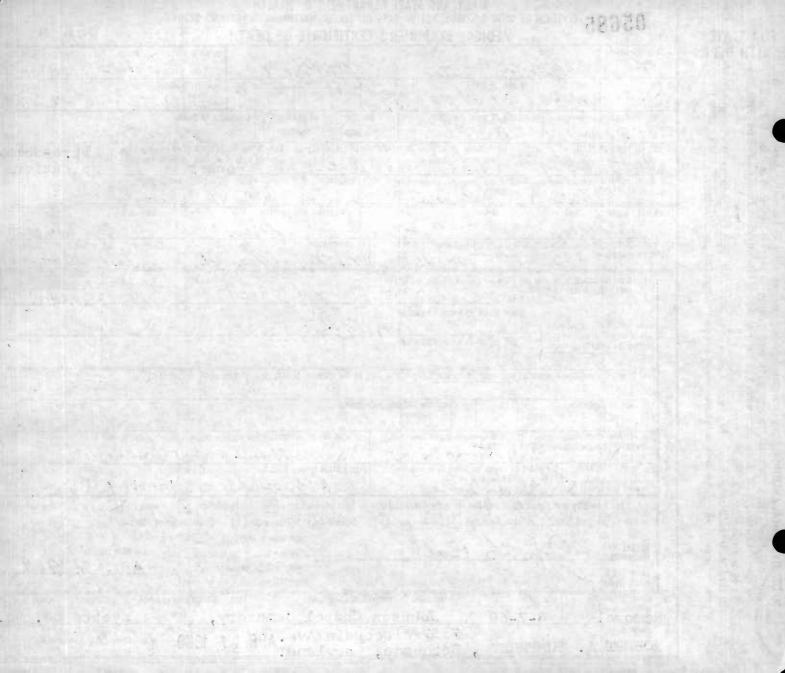
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kraminers Kraminers File pages 72 haurs		WAS DECEASED EVes, no, or unknow	(If yes give v	ORCES? var or dates of service)	16b. SOCIAL SEC	URITY NO.	17. INFORM	IANT			ADDRESS			
		18. CAUSE OF	DEATH (Enter ani	y ane cause per l	ine far (a), (b), a	and (c).)						7776	APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
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g the ed ta ed ta and it		PART 2. OTHER	SIGNIFICANT CONDI	TIONS CONTRIBUT	ING TO DEATH B	UT NOT RELA	TED TO THE TE	RMINAL D	ISEASE OR CONI	DITION GIVEN	IN PART 1(o)			
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E 0 0 E		210. EXTERNAL		216. TIME OF	INJURY Month, D	ay, Yeor	21c. HOW I	NJURY OC	CURRED (Enter	nature af inju	ry in Part 1 or	Port 2, Ite	m 18.)	
VER: T certific hauld be les. Shauld tion, at	MEDICAL	CAUSE OF DEAT	R CONTRIBUTING [8:10 P.	M. 4-9-6	5919	Conf	lagra	ation					
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cal Examiner: execute the cert or. Page 4 shault of for your files. crOR: Page 3 shaul burial, cremation		AT WORK	OT WHILE TOC	Home			906 N	. Sto	onestre	et Ave	Rocky	ille-	Montogr	nerv.M
7 01 - 4		22a. I	certify that I to	ak charge af t	he remains de	escribed at				Inspection		uiry 🗍		my apinia
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0	24	FUNERAL DIRECT	OR /		0	ADDRESS	4.1		25a REC'D BY	REGISTRAR 1969		ISTRAR'S S		
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1 1	MARYLAND STATE DEPARTMENT OF HEALTH	
/	05685 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	AFCOA
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	05680
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 2a. DATE KNOWN Manth Do OF ESTI-	by Year 2b. HOUR
is to of of	(MAKE) es (). In the Death mated 4	1969 1/45 M
2, and 3 to PM3. Page	3. SEX 4. RACE S. DATE OF BIRTH OF DEAD OF DEA	Year 1969 11 36 M
Depart	7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	17- 17- 77 M
after deoth. 8. Give Poges 1, colong with form with the State Descent	Country) Penn "1.5.A WIDOWED DIVORCED Montgom	any Md.
Pog Pog /ith	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	A KING OF BUSING Softm -
d a w d	Mulkusburg 108 137 ooks Conte Worker	unications
	130. USUAL RESIDENCE (Where develosed lived, if institution: Residence before 13c, CITY OR TOWN admission) STATE 13b. COUNTY Market Lauthersburg YES NO 08 Devals and	
hours Item-10 Offlice	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
4 = 0 = 2	Sonald (Mitchell Mary C Be	urnworth
hin 24 ncil in niner's pages hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ng. grupknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT	Der REDS.
J with n pen Exam File p	(1es, no, or unknown) (11 yes give war or dates of service) 194-40-7259 Mathew (Mis. Glerge Wiler	Gathenberg
ed vin in the First	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (s).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ote should be executed wit g the word "pending" in peed to the Chief Medicol Exars so burial-transit permit. File ond in any event within 72	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GUN. Shit-Wound of chest.	Sidden
exe end if point	DUE TO, OR AS A CONSEQUENCE OF	
be l'p	Canditians, if ony, which gove (b) Self in flected -	CHALLED FO
ould vord he C al-tı any	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
she very of the very buring the very th	lost. (c)	
INER: This certificate should be executed within 2 e certificate, writing the word "pending" in pencil is should be forworded to the Chief Medicol Examiner files. 3 should be used as o burial-transit permit. File pages action, or removal, and in any event within 72 hours.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
certifi , writii orword used c	196, CONDITION FOR WHICH OPERATION	20. AUTOPSY?
is certif te, writh forwor e used	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2. Item	YES NO TO
MINER: This the certificate, 4 should be four files. e 3 should be to mation, or ren		
R: ertife ould s. soul	PRIMARY OF CONTRIBUTING HOURAM. APril 6 1969 Shet-self in Lift chat with Rep. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street.) 21f. LOCATION Street or R.F.D. No. Gity or Town	
	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	Caunty State
EXAMINER: cute the certioge 4 should your files. Page 3 shoul, cremation,	AT WORK AT WOR	Khontyomery
AL EXALE EXALE execute or. Poge of for your TOR: Poge ouriol, cre	220. I certify that I took charge of the remains described above, held an Autopsy , Inspection), Inquiry	and in my apinian
DEPUTY COLOR EXAMINER: accessory, please execute the certime function. Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should ealth prior to buriol, cremation,	death resulted fram: Natural causes 🔲 , Accident 🔲 , Suicide 🔀 , Hamicide 🔲 , Undetermined monner 🗀	
pleose I direct retoine	CHIEF MEDICAL EXAMINER	
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Son when when y	EXAMINER'S DEPUTY MEDICAL EXAMINER A Pri	7,1969
o DEPUTY DICA necessory, pleose enthe funeral director 5 may be retoined o FUNERAL DIRECT Health prior to bu	NAME (Type) ADDRESS(Street, city, tawn, or caunty)	
10 th 20 th 10 th	REMOVAL (Specify)	ounty) (Stote)
	Removal 4-7-69 Johnson Chapel Cemetery. ** Fave	tte Co. Pa.
VR A15ME (5)	24. FUNERAL DIRECTOR ROBERT A PIMPHREY	Sy Jordal
10M REV. 1/68	ROBERT A. PUMPHREY, Bethesda, Maryland APR 1 5 1969	G 68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05686 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0568 HEALTH DEPT. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy Yeor 2b. HOUR (Type or Print) Raymond EST1delay is ond 3 to M3. Page Moore 0 DEATH MATED ent 4. RACE 6. AGE (In years 3. SEX S DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD puo 59 birthday) Departme Male White 12-13-09 7 7a. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED 8. Office along with form country Mary land U.S.A. Montgomery WIDOWED [DIVORCED [State Give Poges This certificate should be executed within 24 hours ofter death total, writing the word "pending" in pengl to them 18. Give Poge 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Auditor working life, even if retired.) Silver Spring 9713 Spotswood Dr. Penco the 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN with death. 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Md. 13b. COUNT Montgomery \$ilver Spring YES NO 1113 Spotswood Dr. Yand 2 after 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Lost James Moore Annie Fleming should be forwarded to the Chief Medicol Examiner's poges hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes no, or unknown) (If yes give war or dates of service) 577-05-0171 Mrs. Elaine L. Moore Same as #13 File 72 within APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line (a), (b), and (c), permit. BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' event DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if ony, which gove rise to immediate couse (a). writing the word any DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse = puo 0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) removo! CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? certificote, YES [pe 0 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor OCCURRED (Enter noture) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc. 22a. I certify that I taak charge of the remains described above, held an Autapsy [Inspection \ Inquiry in my apinian the funeral director. death resulted from? Natural causes Acident Suicide X Hamicide ____ Undetermined manner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED FUNERAL ASSISTANT MEDICAL EXAMINER SIGNATURE eolth **EXAMINER'S** NAME (Type) 50 m 23o. BURIAL CREMATION DATE 23d. LOCATION (City or Yown) REMOVAB (Sperity) 4-25-69 Silver Spring Gate of Heaven 24. FUNERAL DIRECTOR Francis J. Collins 250. VR A15ME (5) 500 University Blvd. W., Silver Spring, Md. DATE 10M REV. 1/68

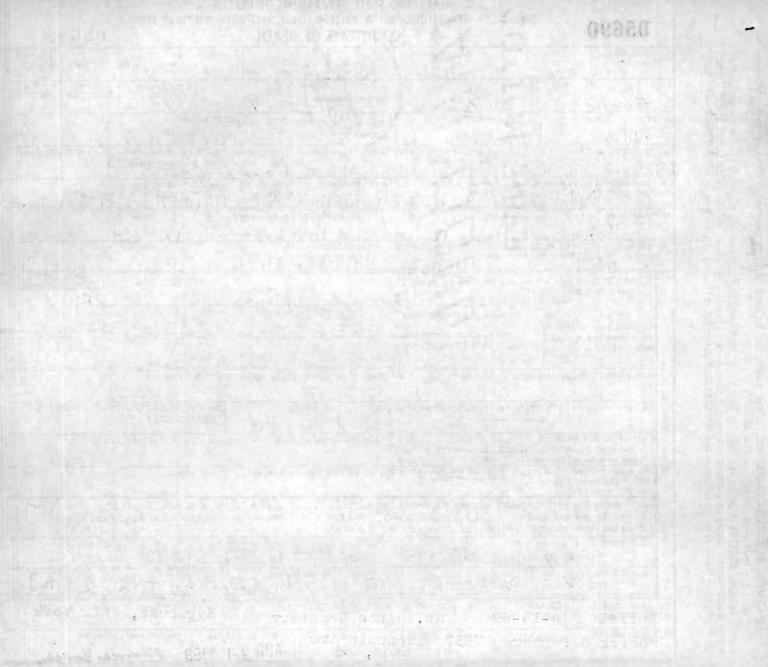
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1		D STATE DEPARTMENT C 301 W. PRESTON STREET, B	ALTIMORE, MARYLAND 21201	
05689		ERTIFICATE OF DEAT		05684
1. DECEASED-NAME First (Type or print) WILLI	AM JACK	Lost MORR IS	2a. DATE OF DEATH Month L	2b. HOUR 8:30A _M
3. SEX MALE	4. RACE WHITE	S. DATE OF BIRTH 9-13-00	6. AGE (In years last birthday) 68 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
7o. BIRTHPLACE (Stote or foreign country) IR GINIA	. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED NOT NEVER MARRIED DIVORCED	9. COUNTY OF DEATH MONTGOMERY	Md.
10. CITY OR TOWN OF DEATH OLNEY	11. NAME OF HOSPITAL OR INS give street oddress) MONTGOMERY		USUAL OCCUPATION (Kind of work doneing mast af warking life, even if retired.) LABORER	12b. KIND OF BUSINESS OR INDUSTRY COUNTY
13o. USUAL RESIDENCE (Where deceosed admission) STATE	lived, if institution: Residence befare 13b. COUNTY MONTGOMERY	CLARKSBURG 13d. INSIDE	NO ROUTE #2	
14. FATHER'S NAME First SEBERT	Middle Last - MORR	IS. MOTHER'S MAIDEN NA	ME First Middle CLEMENTINE -	Lost Knight
160. WAS DECEASED EVER IN U.S. ARMED Yes, no, or unknown) (If yes give wor o			Address ORD DEPT.	APPROXIMATE INTERVAL
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS AND ADMINISTRATED TO STATE OF THE CONDITIONS AND ADMINISTRATED TO ST	DUE TO, OR AS A CONSEQUENCE OF (c) TIONS CONTRIBUTING TO DEATH BUT, NO	T RELATED TO THE TERMINAL DISEAS		BETWEEN ONSET AND DEATH WWW. Commonwealth
190. DATE OF OPERATION 19b. CO. 190. DATE OF OPERATION 19b. CO. 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) 21d. INJURY OCCURRED 21ie Pl	21b. TIME OF INJURY HOUR A.M. Month Day Year	eclus YES N	20b. IF YES, WERE FINDINGS CAUSES OF DEATH? (Enter nature of injury in Part 1 of Part 2,	8
While Nat while	ACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.			County State
22a. I certify that (I) (this- saw the deceased aliv causes stoted abave, (hospital) attended the decease e on 1) (we) (did) (aid not) view the	ed from 3/2 5, 964, and thot in (my) (our bady after death.	19.64, ta. 4.72, 19) opinion death occurred an the d	
22b. SIGNATURE CICLERATURE 22d. PHYSICIAN'S	Woodwas	DEGREE ATTENDING PHYS. 22e. ADDRESS	MED. STAFF 22cc	DATE SIGNED 9
NAME (Type) ARTHUR	F. WOODWARD, M. 1).(115 Nor	TH VANBUREN ST., ROC	
23a. BURIAL, CREMATION, REMOVAL (Specify)	-5-69 Ced	cemetery or crematory ar Grove Church	23d. LOCATION (City or Town) Quinque EC'D BY REGISTRAR 25b. REGISTRAR	(County) (State)
24. FUNERAL DIRECTOR Ernest	C. Gartner. Garth	Archima 163	APR 7 1969 2CL	orles Judge

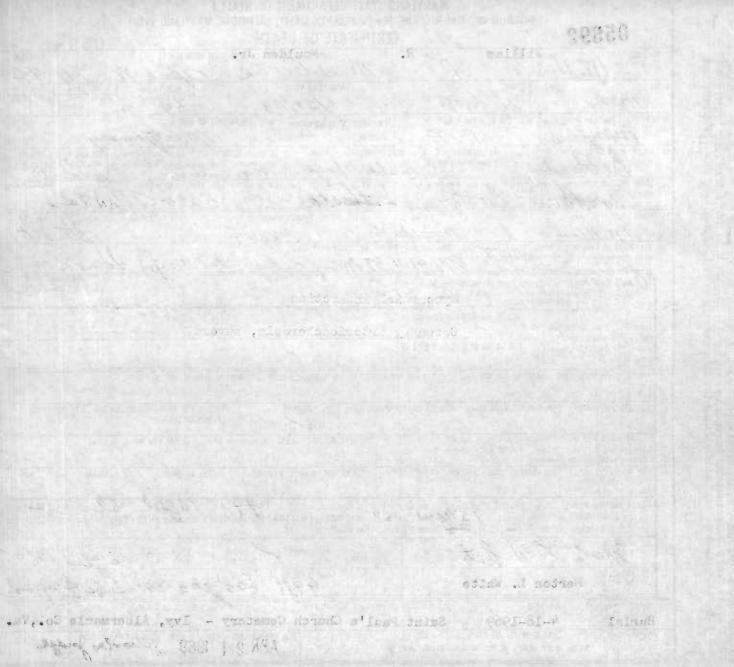
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12	1		MAKTLAND STATE DEPARTMENT OF HEALTH	
		05000	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	н	05690	CERTIFICATE OF DEATH	05685
4 - 24		ECEASED-NAME Firs	Middle Lost 20. DATE OF DEATH	2b. HOUR
er deoth. Eunerol 1 and 2	(Type or print) May	Helen Morrissey 4 Month 14 Doy	Year _ 20
5.	3. 5			1F UNDER 1 YEAR IF UNDER 24 HRS
s affe	0. 5	,	l lost highdow)	MONTHS OAYS HOURS MIN
2 50	_	remale	White 11-28-90 78 YRS.	
Poor Poor		BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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nin 24 filled pape thin 77	10.	CITY OR TOWN OF DEATH	The make of the strate or the strotter (it the third house) and the contract of the strate of the st	12b. KIND OF BUSINESS OR
executed within 24 hour and completely filled in by remove corbon papers. Promy remove within 72 hour		akoma Part	give street oddress) Wash. Son. + Hosp. during most of working life, even if retired.)	INDUSTRY
d v d v	130.	USUAL RESIDENCE (Where deced	sed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
The eve	odm	ission) STATE Md.	13b. COUNTY Montgomery Rockville YES NO 12104 Hitchin	Pallan
xec T	14.	FATHER'S NAME First	Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
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nd nd	160	. WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SECURITY ND. 17. INFORMANT Address	
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ave ave		UND	Unknown Daughter Mrs George Boyer	Same as Pt.
e death certificate to attending physicient permit. Then pleose on, or remavol, and		18. CAUSE OF DEATH (Enter o PART I. DEATH WAS CAUSI	nly one couse per line for (o), (b), ond (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
ne death attendi permit. ion, or r	1	IMMED	ATE CAUSE (a) PUMBRASHY a DOMA	2 day
affe on,		4270	DUE TO, OR AS A CONSEQUENCE OF	1
t the the sit protist		Canditions, if any, which gave	(b) CHE	42
in. Dy an		rise to immediate couse (a), stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	
equires that the death certificate be exerphysician. signed by the attending physicien and aburial-transit permit. Then please remoburial, cremotion, or remaval, and in any		last.	(c)	
ohy: ign uric uric		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death be retained by the hospital or ottending physician. SIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral is 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Polyes 1 and 2 ed with the State Dept. of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death	z		CVA	
low be rior	ATIO	190. DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? , 20b. IF YES, WERE FINDINGS CON	NSIDERED IN CERTIFYING
The low ratending has been se os the th prior ta	CERTIFICATION		YES NO TO CAUSES OF DEATH?	
or ate	CER.	210. ACCIDENT WAS UNDERLYI		em 181
fall fall fall fall fall fall fall fall	3	OR CONTRIBUTING CAUSE OF DEA	TH HOUR AM. Month Day Yeor	
rent rent red t. o	MEDICAL	(If either, notify medical exam 21d. INJURY OCCURRED 21e		County Stote
PH e h		While Not while	PLACE OF INJURY (AT HOME, FARM, FARTH, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town	County Stote
7 + + 9 =		of work of work	: 1 2 1 2 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2	- 1 (1) (
DIIN by Affre be Sto		saw the decoased of	is hespitol) ottended the deceased from 4/3 , 19 69 , to 4/14 , 196 live an 1969, ond that in (my) (as) opinian death accurred an the date	5, that (I) (we) last
R: R:		couses stoted abay	e, (1) (we) (diad) (did not) view the bady after death.	and nour and tram the
S S S S S S S S S S S S S S S S S S S		22b. SIGNATURE	Q 22c DA	ATE SIGNED
OR OR 3		-R H	DEGREE PHYS. DIRECTOR DIRECTOR PHYS. D	114/19
AL Dogo file		22d. PHYSICIAN'S	22e. ADDRESS	177
Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior ta		NAME (Type) R. F	1- Sond strom MD 7701 Caproll Are Taken	ie Ball Md
Jose 4 UN Conference of the co	230.	BURIAL, CREMATION, 23b.		(County) == (State)
O Page			DATE -14-69 23c. NAME OF CEMETERY OR CREMATORY St. Agnes Cemetery 23d. LOGATION (City of Town) Syracuse,	Kew Yo'rk
	24.	FUNERAL DIRECTOR A Pun		GNATURE
VR A15 (4) 45M - 1/69		Robert A Pul	phrey 7557 MTSconsin Ave 250. REGISTRAR 25b. REGISTRAR'S SI DATAPR 2 1 1969 MILLIONE	20 0 000
	_		No. 1 100 10	Ed VALGER



			MARYLA	ND STATE DEPARTMENT OF I	IEALTH	
1		05004	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	
- P		05691		CERTIFICATE OF DEATH		05686
- 2 -	i. D	CEASED-NAME First	Middle	Last	2o. DATE OF DEATH	2b. HOUR
er death. funeral s 1 and 2	(1	ype ar print) ANT	HANIL T	macrillat.	Month Do	Y Year AM
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exe any	14.	ATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME F	irst Middle	Lost
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AL O A P P P P P P P P P P P P P P P P P P		22d. PHYSICIAN'S	- 11 000	22e. ADDRESS		15/LUER
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate—be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then blease femove carbon papers. Pages 1 and 2 should be filed with the State Dept. af Health priar ta burial, cremation, ar remayal, and in any event, within 72 haurs after death.		NAME (TODO) CBEI	er 17. CAROL	LAMN 1106	SPOKING 57.	- Spalah
UNE CTO Set o	230	BURIAL, CREMATION, 23b.	DATE 23c. NAME O	F CEMETERY OR CREMATORYS	23 LOCATION (City or Town)	(County) (State)
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V 1/2			MARYLAND	SIAIE DE	PARIMENT OF HE	EALTH		
211	0100-	DIVISION OF	VITAL RECORDS, 3	01 W. PRES	TON STREET, BALTIN	MORE, MARYLAND 212	01	
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ı	male	wh	ite		5/21/09	last birthday)	YRS. MONTHS DAYS H	IOURS MIN
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10	ITY OR TOWN OF DEATH	11. NA	ME OF HOSPITAL OR INSTI	TUTION (If not in		OCCUPATION (Kind of work	done 12b. KIND OF BU	SINESS OR
	Dethe	eda	Dubu	bon to	6.7	t of working life, even if reti	red.) INDUSTRY Da	Lie
	USUAL RESIDENCE (Where	deceased lived, if instituti	on: Residence before	130 CITY OR TO	WN 13d INSIDE CITY LIMI	TS? 13e. STREET AND NUMB	R	Duly
	_ Maryer	ud Mor	agomery	seines	da YES NO	- 50000	LANKE	
ľ	ATHER'S NAME First	Middle	Merst .		OTHER'S MAIDEN NAME Firs	Mid.	die 11	Lost
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A POLICE	(If either, notify medicol	exominer) P.M.	19					
	21d. INJURY OCCURRED While Not while	21e. PLACE OF INJURY	OFFICE BUILDING, ETC.	RY,) 21f. LOCAT	ION Street or R.F.D. No.	City or Town	County	Stote
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2.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 4-18-1969	23c. NAME OF CE		Church Cemet	23d. LOCATION (City or Town)	(County) lbermarle C	(Stote)
2	FUNERAL DIRECTOR	JOSEPH GAWLER		au D	25o. RECD BY	REGISTRAR 2Sb. REGIST		
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3		CEASED-NAME First		Middle	Lost		20. DATE OF DE	44	056	2b. HOUR
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0	3o.	USUAL RESIDENCE (Where deceo	sed lived, if ins 13b. COUNT	titution: Residence before Y Montgomery	Chevy Char	SE YES NO	13e. STREE	T AND NUMBER Willard A	lve. #20	7 South
Ī	14. F	ATHER'S NAME First	Middl	le Last Murph		S MAIDEN NAME Fire	ellie	Middle		Last
1	160.	Patrick WAS DECEASED EVER IN U.S. AR		16b. SOCIAL SECURITY			errre	Address		., D.C.
	Y	es, na, ar unknawn) (If yes give	war or dates of service	577-03-41	.08 Dr. Jei	rome Kric	k, M.D.			
		1B. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDI	ED BY: IATE CAUSE (a) _	1 /	vé flear	of Hai	lure		BETWEEN ON	NSET AND DEATH
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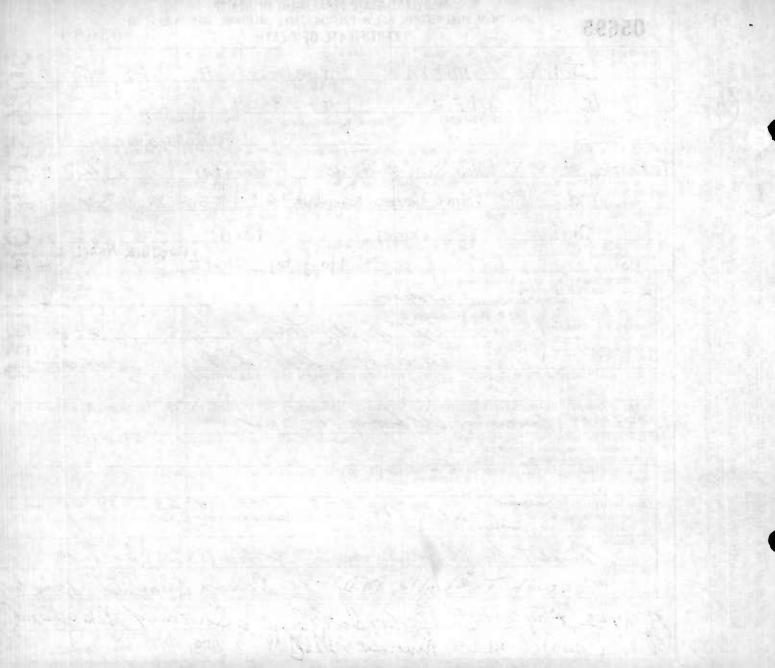
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FOR STATE	4/	/24/69 kk Division of vital records, 301 W. Preston street, Baltimore, MAR MEDICAL EXAMINER'S CERTIFICATE OF DEAT	ILAND ZIZUI	05689
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necessa the fun 5 may 10 FUNE Health	230	D BURIAL (REMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23	3d. LOCATION (City or Town)	(County) (State)
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N -	24.	FUNERAL DIRECTOR TORTON (MONTH OF THE COLOR	REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
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The or atte	9 - 2	# 4-26	3-69 4	aning.	ma, left	biehrley	YES T	NO Z	CAUSES OF DEA	ATH?		
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clan ificot for			TING CAUSE OF DEAT		M. Manth Day Ye	ar						
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OR ATTENDING PHYSICIAL be retoined by the hospital SIRECTOR: After this certifical 3 should be detached for	State	al wark a	r work	is bossiaul) -			<i>u</i> - <i>c</i>	10 6	1- 11-5	10	16 11 1	(1) () (
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TO HOSPITAL OR ATTENDING Page 4 may be retoined by the director, page 3 should be director, page 3 should be de	should	23a. BURIAL, CREM	ATION. 23b	DATE .	23c NASAF C	OF CEMETERY OR	CREMATORY		LOCATION (City	gr/awn)	K Kuntul	Kidio
Pag P	sho	ZEMQ VALUS PE	AVX M	24 2,19	169 800	100 11	000	230.	Carlo Company	and	Mary	Cand
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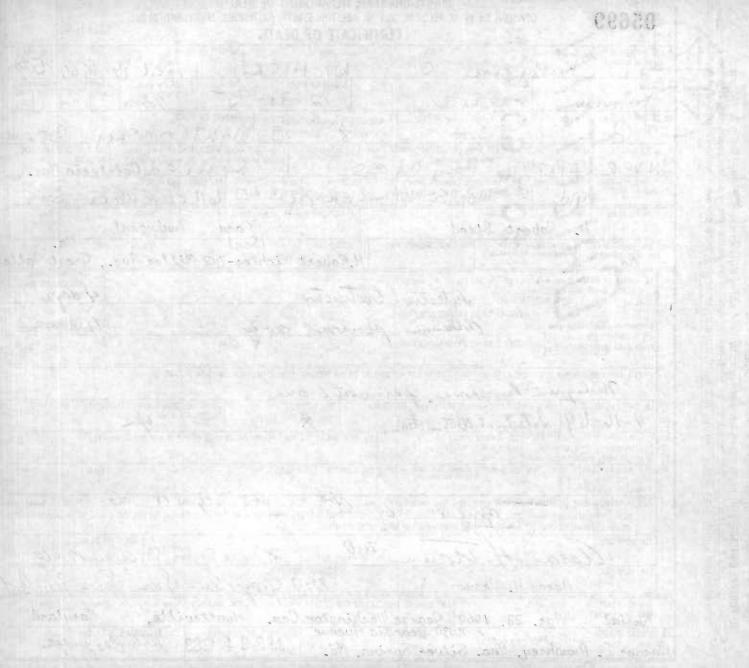


			NU STATE DEPARTMENT OF HE		
-	OFCOC		, 301 W. PRESTON STREET, BALTIN		
	05696		CERTIFICATE OF DEATH		05691
- 1	1. DECEASED-NAME	First Middle	Last	2a. DATE OF DEATH	2b. HOUR
	(Type ar print)	OBERI T.	NEWMAN	Manto - Ja	-6°04 2
	3. SEX Male	4. RACE	S. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS.
	Mule	WINITE	6/30///	15 YRS.	10 02 Hours Min.
	7a. BIRTHPLACE (State or foreig	n 7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED 9.	COUNTY OF DEATH	01/
	VA.	U.S. H.	WIDOWED DIVORCED	MONTOOMER	. Y
	ID. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR II	NSTITUTION (If not in haspital 12a. USUAL	OCCUPATION (Kind of work dane	12b. KIND OF BUSINESS OR INDUSTRY
X	SIIVEK SPI	11/0	9 6100 31 100	Stranking life eyen if retired.)	INDUSTRI
	13a. USUAL RESIDENCE (Where admission) STATE	deceased lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY LIMIT		1/0 - Pol
5	11/1	· //IONIGOME	KY 0,0,	- 1100 / 0000	IUE KII.
200	14. FATHER'S NAME First	mas Newman Lost	IS. MOTHER'S MAIDEN NAME Firs		Lost
/					prey
	16a. WAS DECEASED EVER IN U. Yesyno og unknawn) (W	S. ARMED FORCES? 16b. SOCIAL SECURITY 705 01 6:		Address	t # 17
				man-wire-same 1	APPROXIMATE INTERVAL
	18. CAUSE OF DEATH (En	nter anly ane cause per line far (a), (b), and (c)	100		BETWEEN ONSET AND GEATH
		MMEDIATE CAUSE (a)	preumma.		40
V	Canditians, if any, which	DUE TO, OR AS A CONSEQUENCE OF	F		
	rise to immediate cause	e (a), (b)	,		
	stating the underlying of last.	duse Due 10, OK AS A CONSEQUENCE O			
	_	NT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OR COI	NDITION GIVEN IN PART 1(a)	
	VA (1)	the old more	a deal Author	Me	
	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS P	PERFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CON	ISIDERED IN CERTIFYING
1	19a. DATE OF OPERATION 21a. ACCIDENT WAS UND	V-	YES NO 🗆	CAUSES OF DEATH?	2 .
	21a. ACCIDENT WAS UND		21c. HOW INJURY OCCURRED (Enter n	nature of injury in Part 1 or Part 2, Ite	m 18.)
	OR CONTRIBUTING CAUSE (If either, natify medical	examiner) HOUR A.M. Manth Day Yea	19		
		21e. PLACE OF INJURY (AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.	ACTORY,) 21f. LOCATION Street ar R.F.D. Na.	City or Town	County State
	While Nat while at wark			9 10-	co.
	22a. I certify that (l) (this haspital) attended the decea	sed from 3 - 7 , 19 0 , 19 7 , and that in (my) (aur) apini e bady after death.	L, ta 9-2, 196	, that (I) (we) la
	saw the deceas	sed alive anabave, (I) (we) (did) (did pot) view the	19.4, and that in (rhy) (aur) apini	an death accurred an the date	and haur and fram th
	22b. SIGNATURE	Judy, (if (we) (aid) (aid hor) view me	e budy uner deam.		ATE SIGNED
	III. SIGNATURE	Valler L	DEGREE PHYS. MED	O. STAFF PHYS.	4-2-69
	22d. PHYSICIAN'S		22e. ADDRESS		
	NAME (Type)	LAHAM W. DANC	slt 1106 > V.	RANG ST S	> XLQ
	23a. BURIAL, CREMATION,		F CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
	BREMOYAL (Specify)		more National	Baltimore, Mar	yland
0	24. FUNERAL DIRECTOR		Rock Pike 25a. RECD BY		GNATURE CINSSE
(Tyson Wheeler	Funeral Home Rock	kville, Marylewid AF	R 7 1969 FCC	0

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MARYLAND STATE DEPARTMENT OF HEALTH

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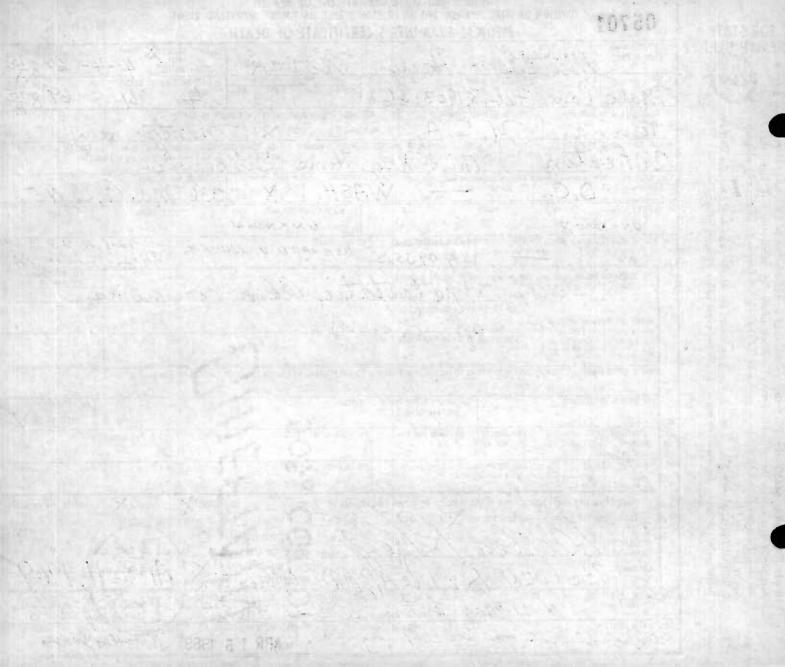


			D STATE DEPARTMENT OF		
1	05700	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BA		05695
	1. DECEASED-NAME Fir				
deoth.	1. DECEASED-NAME Fir (Type or print)	Middle	Lost	2a. DATE OF DEATH Manth Day	Year 2b. HOUR
de gan	CHAR	IES WILLIAM	NOSKE	4 4	1969 10 AM
草(多)草	3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
च के के ज	MALE	CAUC	6-22	-73 last birthday) YRS.	MONTHS DAYS HOURS MIN.
and and	7o. BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
d in pers. 72 hg	country) D.C.	AMERICAN	WIDOWED DIVORCED	Montgome	ey Md.
thin y fille	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS		SUAL OCCUPATION (Kind of wark done mast of warking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
rrbo wi	120 HIGHAL DESIDENCE /Whose days	ased lived, il institution: Residence before	ton JAN 4HOSP	EFIRED	Ins Salesmar
OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death be retained by the hospital or ottending physician. SIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral e 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1' and 2 ed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death	admission) STATE	35 COUNTY GEORGE	13c. CITY OR TOWN 13d. INSTOE CITY BELTSUILE YELL	NO [13e. STREET AND NUMBER	- Dens.
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8 2 1	Chrol	-c 1/2. V-		Rose	?
ian ian sose	16a. WAS DECEASED EVER IN U.S. A	RMED FORCES? 116b. SOCIAL SECURITY I		Address	
hysic hysic n ple	Yes, no Manknown) (If yes giv	e war or dates of service) 577-05-	/	Addless	
G P P P P P P P P P P P P P P P P P P P	18 CAUSE OF DEATH (Enter	only one cause per line for (a) (b) and (c)			APPROXIMATE INTERVAL
di di	PART I. DEATH WAS CAU	anly one cause per line for (a), (b), and (c). SED BY:	ela Maner	-Po	BETWEEN ONSET AND OFATH
dec mirmi	H277 2 IMMEI	DIATE CAUSE (0)	ace ceripsi	olc .	
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the the national	Canditions, if any, which gaverise to immediate couse (a)	(b) Ctens	natived	aging	Several years
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he or	19a. DATE OF OPERATION 19		YES NO [CALIFEE OF DEATHS	191
or or us	21a. ACCIDENT WAS UNDERLY	ING 21b. TIME OF INJURY		ter nature af injury in Part 1 or Ports,	
al AN fica		ATH HOUR A.M. Month Day Year	ZIC HOW MODEL OCCORRED (EII	ier liable at injury in rais 1 of ropy,	nem ro.)
Sic spirition of of	GONTRIBUTING CAUSE OF DI (If either, natify medical example)				
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the thing det	GI HOIK GI HGIK		0.00		est income and
IN by tot	22o. I certify that (I) (his hospital) attended the deceose	d from 5, 19.	69, to Clan 4, 19.	69, that (1) (we) lost
ND Ped I	sow the deceased	olive on Ether 7	9 (-6) and that in (my) (our) a	pinion deoth occurred on the do	te and hour ond from the
OS O		ve, (I) (we) (did) (did not) view the l	oody'offer'deofh.		
OR ATTENI be retoined DIRECTOR: A je 3 should ed with the	22b. SIGNATURE	1 kin	ATTENDING A	MED. STAFF 224	DATE SIGNED
DIR be	·Ollo	o ceecen	DEGREE PHYS.	DIRECTOR PHYS.	nel 5, 769
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ful director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after the should be filed with the State Dept.	22d. PHYSICIAN'S NAME (Type)	NO MAGI	22e. ADDRESS ULL	Y. Blod E Silve	en Spridge lugt
UNN UNN Set a	23a. BURIAL, CREMATION, 23b	. DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
Pog Pog dire sho	BENGY 1 (Sequily) 4	/8/69 Ft.Lin	coln Cem.	Colmar Manor,	
0 -	24. FUNERAL DIRECTOR Nall	ey's Funeral ADDRAS	Rainier, 250. REC'D	BY REGISTRAR 25b, REGISTRAR'S	SIGNATURE
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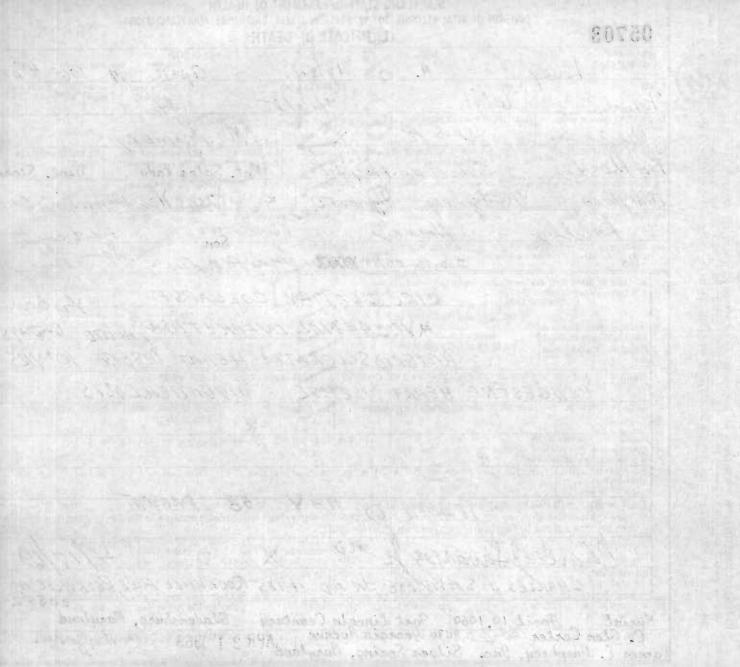
FOR STATE			CERTIFICATE OF DEATH	05696
HEALTH DEPT.	DECEASED-NAME First	Middle		Month Doy Yeor 2b. HOUE
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del and	male Cane Fal	. 8. 1903 6 bynhoon		124 Year 69 815
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Page Nith fi	CITY OR TOWN OF DEATH	. NAME OF HOSPITAL OR INSTITUT		done 12b. KINO OF BUSINESS OR
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after d alang v with the	. USUAL RESIDENCE (Where deceased lived, if in			B
W - 1 - 01 / Oly	odmission) STATE D. C. 13b. COUNT	Y — W	1ASH, YES NO 1 336 Me	L. Clive, N.E.
haurs Item 1 Office I and 2	FATHER'S NAME First Mi	ddle Lost	1S. MOTHER'S MAIDEN NAME First Midd	le Lost
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	UNKNOWN		UNKNOWN	
ncil in 14 havi	WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of serv.	16b. SOCIAL SECURITY NO.	17. INFORMANT BEKNARD J, NOVAK ADDRESS	724 N. 23 19
within pencil Examination File pag	Yes, no, or unknown) (If yes give war or dates of serv	579 093532	- BERUNALU V, WE WILL PH	ILLIPELUITA, PA
- I	18. CAUSE OF DEATH (Enter only one couse p	er line for (o), (b), and (c).)	4-1. Do	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in lief Medical E Insit permit. F event within	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	molasi	atic akenocarcin	oma
execu ending Medic it perm		OR AS A CONSEQUENCE OF		
pe 'pe hief ansit	Conditions, if ony, which gove rise to immediate cause (o), (b)_	of Le	ing	
shauld e word a the Ch ourial-tre in ony	stoting the underlying couse DUE TO,	OR AS A CONSEQUENCE OF		
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is certificate the writing the farwarded to used as a remaval, and	10. DATE OF OPPDATION	TIEL CONDITION FOR WHICH	OPPRATION	LOD AUTODOVO
	190. DATE OF OPERATION	19b. CONDITION FOR WHICH WAS PERFORMED?	OPERATION	20. AUTOPSY?
his ate	210. EXTERNAL CAUSE WAS 21b. TIME	OF INJURY Month, Doy, Yeor	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or	YES NO
編	PRIMARY OR CONTRIBUTING HOU	R A.M.	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or	ron 2, item 18.)
INER e ce shau files 3 sha atio	CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY	P.M. 19 RY (At home, form, street,	21f. LOCATION Street or R.F.D. No. City or Town	County State
EXAMINER: .ute the certi age 4 shaulo r yaur filesPage 3 shau l, cremation,	WHILE CONDITION FOCTORY, Office bu		211. Edward Silver of R.I.S. No.	coonly slote
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CAL E executor. Page 1 for CTOR: burrial,	220. I certify that I took charge of death resulted from: Natural of	ouses Aciden		uiry ond in my opinio
	dedin resolved from: National of	ouses N. Brideli		ionner [_]
did di	ACTUAL 10/0/0/0	11 /0/50	CHIEF MEDICAL EXAMINER AD ASSISTANT MEDICAL EXAMINER 2	2b. DATE SIGNED
ury, ple leral di be reti RAL D priar	SIGNATURE	1 /11	M.D. ASSISTANT MEDICAL EXAMINER	-0'11 1010
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o DEPu necessor the fun 5 may 0 FUNE Health	D. BURIAL CREMATION, 23b. DATE	23c. NAME OF CEMEN	PRY OR CREMATORY 9 23d. LOCATION (City or Town	(County) (Stote)
	REMOVAL (Specify) 4-11-1		in Bound 3900 Por	Ren Mu War DC
	FUNERAL DIRECTOR	ADDRESS	2So. REC'D BY REGISTRAR 2Sb. REG	ISTRAR'S SIGNATURE
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MAKTLAND STATE DEPARTMENT OF HEALTH



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	MARYLAND STATE DEPARTMENT OF HEALTH
A	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
1	05703 CERTIFICATE OF DEATH 05698
£ _ ~	1. DECEASED-NAME , First Middle Lost , 20 DATE OF DEATH
dan de	(Type or print) Lucy A. Nylen and Month Doy Year 40
fundamental form	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
the after	last-birthday) Months Day's Hours Min
by the Page ours	T DISTURBLE OF THE STATE OF THE
in 24 hours after deat illed in by the funeral popers. Pages Tand hin 72 hours after deat	country))
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vithin vithin your fill	120. GOOD COCCO MITED AND OF MORE OF BUSINESS OR
wi trbo	OLD Med Dept. Store Ret. Sales Lady Dept. Store
requires that the death certificate be executed within 24 hours after death sphysician. signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remove carbon papers. Pages I and 25 burial, cremation, or removal, and in any event, within 72 hours after deeth.	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 17c. CITY OR TOWN 17d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 17d. COUNTY 17d. CITY OR TOWN
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Sici at	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, por or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Addres
ing phy Then removo	The state of the s
DE E	1B. CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: APPROXIMATE INTREVAL BEWEEN ONSET AND DEATH
attendi permit.	IMMEDIATE CAUSE (0) CIRCULATORY COLLAPSE V. 60-
att perri	4/0 9 DUE TO, OR AS A CONSEQUENCE OF
the the sit punation	conditions, if any, which gove rise to immediate couse (o). (b) MYOCARDIAL INFANCTION, ACUTE 6 DAYS
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equires that th physician. signed by the burial-tronsit buriol, cremati	10st. (1) ARTERIOSCLEROTZE HEART DISEASE 10+ YRS
phy phy sign buri buri	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
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The otter has se as	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
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hosp cer che pt.	21d. INJURY OCCURRED While Not while 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. 21f. LOCATION Street or R.F.D. No. City or Town County Stote
he this eta	lot work — at work —
ING by the d	22o. I certify that (I) (this hospital) attended the deceased from 1959, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the hadvester death
ND Id b Id b Id b	sow the deceased alive on 16 APPLC 1969, and that in (my) (our) opinion death occurred on the date and hour and from the
OR dine	the body offer deom.
retreet RECT	226. SIGNATURE MED. STAFF 22c. DATE SIGNED
be ded led	DEGREE PHYS. DIRECTOR PHYS. 4/1/169
TAI AI Page fil	22d. PHYSICIAN'S NAME (Type) C HARLES I SAVARERE IN 22e. ADDRESS NAME (Type) C HARLES I SAVARERE IN 22e. ADDRESS
A r A r tor, Id b	CHARLES S. SHIVERESE SILMO 11,125 HOCKINGE FIRE FLOCK VILLE MID.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the de Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attaction page 3 should be detached for use as the burial-tronsit perceived by the store Dept. of Health prior to burial, cremation.	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
5- 5- V	Burial (Specify) April 19, 1969 Fort Lincoln Cemetery Bladensburg, Maryland
VR AIS	24. FUTERAL OFTEN Carter CHENCOLES 8434 ADMORGIA HVENNE 250. MPRY REGISTRARS SIGNATURE
45M - 1769	Varner E. Pumphrey, Inc. Silver Spring, Maryland



1			STATE DEPARTMENT OF		
	05704	DIVISION OF VITAL RECORDS, 3	ERTIFICATE OF DEATH	IIMUKE, MAKYLAND 21201	05699
deoth.	1. DECEASED-NAME (Type or print)	First Middle	O'Connell	2a. DATE OF DEATH April	26 HOUR M
offer of the control	3. SEX Female	4. RACE White	S. DATE OF BIRTH March 29. 18	6. AGE (In yeors last birthday)	MONTHS DAYS HOURS MIN.
4 haurs d in by sers. P	70. BIRTHPLACE (State or foreig country)	7b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED UVORCED DIVORCED	9. COUNTY OF DEATH Montagnery	Md.
ecuted within 24 haurs after deoth completely filled in by the foneral ove corbon papers. Pages and 2 y event, within 72 hours and a forest of the corbon papers.	10. CITY OR TOWN OF DEATH Silver Spring	11. NAME OF HOSPITAL OR INSTI	TUTION (If not in hospital 120. USL during n	AL OCCUPATION" (Kind of work danger of working life, even if retired.	e 12b. KIND OF BUSINESS OR
unted mmplet ve cor ve cortevent,	13a. USUAL RESIDENCE (Where admission) STATE		3c. CITY OR TOWN 13d INSIDE CITY	LIMITS? 13e. STREET AND NUMBER	a Street
dinon/	14. FATHER'S NAME First Geor	Middle Dowdle	1S. MOTHER'S MAIDEN NAME	First Middle	McCarthy
rifficate shysicia no pleos vol, one	Yes, no, or unknown) (If yes	5. ARMED FORCES? 16b. SOCIAL SECURITY NO. ?		Connell 8503 Mays	sk Sil. Spr., Md.
ATTENDING PHYSICIAN: The low requires that the death certificate be exected on the hospital or attending physician. CTOR: After this certificate has been signed by the ottending physician and constant be detached for use as the burial-transit permit. Then please removith the State Dept. of Health prior to burial, cremation, or remaval, and in any that the State Dept. of Many was a second or semantical control of the state Dept.	PART I. DEATH WAS ON IN Canditions, if any, which trise to immediate couse stating the underlying colost.	DUE TO, OR AS A CONSEQUENCE OF (a), (b) Hyperten	sine endornes	ular dreess	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Roser Lycs
The low re attending hos been se as the horior to home the prior to home.	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERF	ORMED 20a. AUTOPSY? YES NO S	CALICES OF DEATHS	CONSIDERED IN CERTIFYING
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S PHYS the hos this ce detache e Dept.	While Nat while at wark	COTTACE BUILDING, ETC.	21f. LOCATION Street or R.F.D. No		Caunty State
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OR AT be reto DIRECTO She shifted with	22b. SIGNATURE	mance m.		MED. STAFF 220	c. DATE SIGNED 4/10/69
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	ya',		Yes, not of unknown) (If yes gi	578-10-4	572 KichARd E	ASS-Niphen	
	g p The mo		18. CAUSE OF DEATH (Enter	only one couse per line for (o), (b), ond (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	oth ndin it.		PART I. DEATH WAS CAU	ISED BY: DIATE CAUSE (0) Cardu	or avist		Ju
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	ing ing ten the		z lacon	ome of the Von	ous - Pur C	b mobber a	Leven
	lov end s be os t os t	5	3 190. DATE OF OPERATION 1	6. CONDITION FOR WHICH OPERATION WAS		20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
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	Dig the person of the person o		(If either, notify medical exa	miner) P.M.	19		
	HYS hos s ce ache ept.			1e. PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY,) 21f. LOCATION Street or R.F.D.). No. City or Town	County Stote
	the det		While Not while at wark of work				
	by by Stor	5	22a. I certify that (I)	this hospital) attended the decea	sed from 4 - 4 , 1	1967 , ta 4-20 - 19 apinion death accurred an the de	67, that (I) (we) last
48	R: A uld the		saw the deceased	ave/(I) (we) (did) (did nat) view th	e bady after death.	apiniun deam accurred an me di	ite and nour and tram the
HIE	Stail Short	3	22b. SIGNATURE	24		22c.	DATE SIGNED
	OR be read wed wed w	7	William	Henry Killory	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS. 14	-20-69
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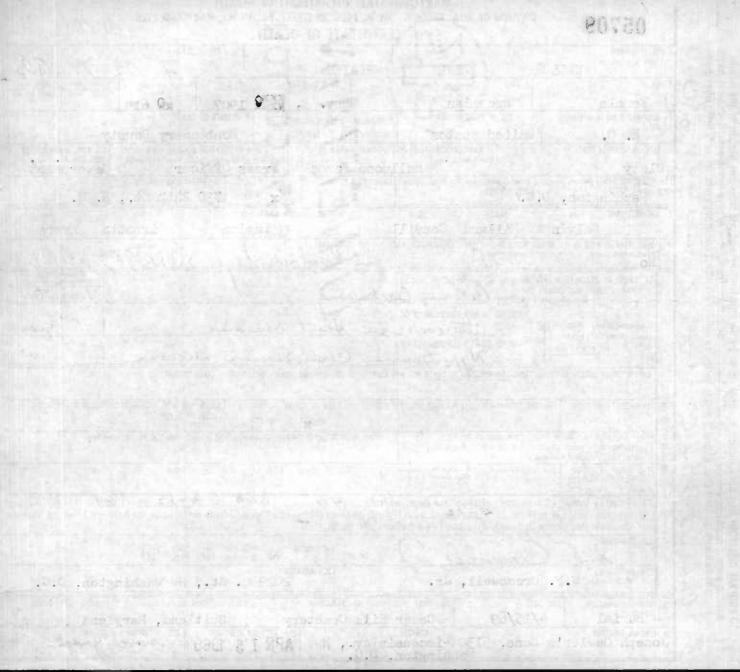
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AN: AN: Cate cate ar u		216. ACCIDENT WAS UND		Month Doy Year	21c. HOW INJURY OCCURRED (EA	iter nature af injury in Part 1 o	ar Part 2, Item 18.)	
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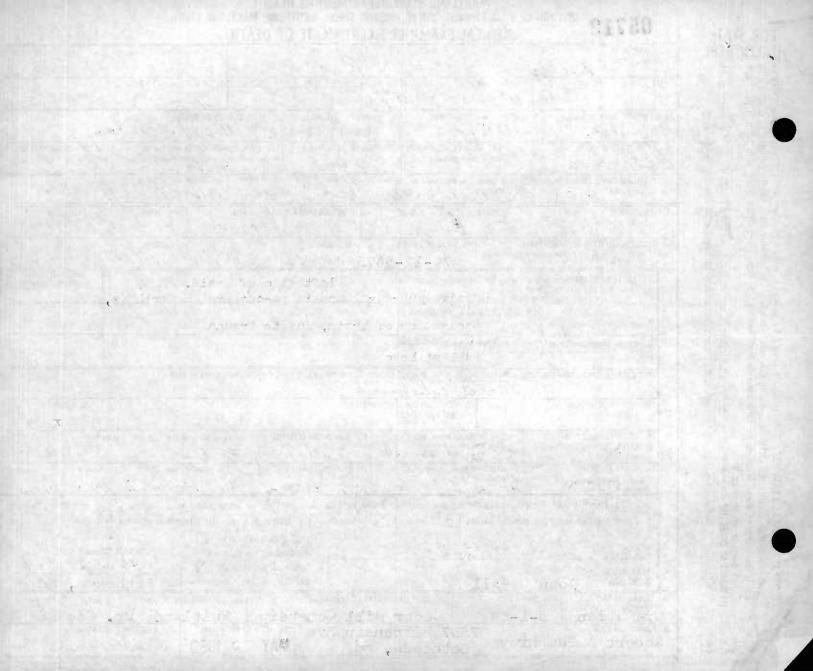
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HEALTH DEPT.		ECEASED-NAME Type or Print)	Fire		Midd		Lost		20.	DATE KNOWN OF ESTI-	11	Doy Year	2b. HOUR
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MINER: This certificate shauld be executed within 24 hours after death the certificate, writing the word "pending" in pencil in Item 18. Give Page 4 should be farwarded to the Chief Medical Examiner's Office along with fur files. 8. Shauld be used as a burial-transit permit. File pages 1 and 2 with the Statemation, ar remayal, and in any event within 72 hours offer death.		Beth.	DEATH Sda.	give	street address	Batte	N (If not in hospit		most of wo	TION (Kind of w king life, even i	f retired.)	12b. KIND OF BU INDUSTRY C	SINESS OR
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NER: The certification hould be lies. It should be should be the should	MEDICAL CER	21a. EXTERNAL PRIMARY O CAUSE OF DEAT	R CONTRIBUTING	HOUR	F INJURY Month, I A.M. P.M.	Day, Year 19	21c. HOW INJURY	OCCURRED (Ent	ter nature of	injury in Port 1	or Port 2, I	tem 18.)	
EXAMINER: cute the certifage 4 should ryaur files. Page 3 shauil, crematian,	MEC	21d. INJURY OC WHILE AT WORK		PLACE OF INJURY octory, office build		street,	21f. LOCATION Stre	eet or R.F.D. Na.		City or Town		County	State
please exe please exe I directar. P retained fa L DIRECTOR			esulted fram:	ofm &	uses D. A Bal	escribed abav	Suicide	, Hamicid CHIEF MEDICAL ASSISTANT MEDI	e [], EXAMINER ICAL EXAMIN	Undetermined	22b. DATE	ESIGNED	ny apinian
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Te Te	3. SE	X	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
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be executed within 24 hours after and campletely filled in by the further and carban papers. Pages I in any event, within 72 hose after		BETHESDA	NURSING F	SUENOR CANE during m	ast of warking life, even if retired.)	INDUSTRY
nplet car vent,	13a.	USUAL RESIDENCE (Where deceos	sed lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY L	IMITS? 13e. STREET AND NUMBER	
ecut ave		MARYLAND	MONTE OMERY	BETHESDA YES NO	0 6013 BERSK	HRE URIVE
and campa remayer in any ev	14. F	ATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME F	irst Middle	Lost
ute be exercing and control an		Harry	C Dean	Lili	Ian Mae	Beach
certificate being physician of Then please mayal, and it	160. Y	WAS DECEASED EVER IN U.S. ARA es, na, or unknown) (If yes give w	MED FORCES? 16b. SOCIAL SECURITY N	11 1	Address 6	0013 Berkship
equires that the death certificated by the attending bryesis burial-transit permit. Then plaurial, crematian, ar remaval,		No -	- 578-12-	2222 A. WILBOR RU.	SSell Poole. Del	e. Betheran
STE E		18. CAUSE OF DEATH (Enter on PART 1. DEATH WAS CAUSED	ly one cause per line far (a), (b), and (c).)	. 1:		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
aftendi permit. ian, ar r		PAKI I. DEATH WAS CAUSEL	ATE CAUSE (0) Card	enc Treleuse		48h
aft perrian,		4409	DUE TO, OR AS A CONSEQUENCE OF	1 - 1	y I	
the sit properties		Conditions, if any, which gave rise to immediate couse (a).	(b) Jene	rollized ask	unelison'	2041
trar cre		stoting the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
equires that th physician. signed by the burial-transit p burial, cremati		last.	(c)			
PHYSICIAN: The law requires that the death the haspital or attending physician. his certificate has been signed by the attendin stached far use as the burial-transit permit. Dept. af Health prior ta burial, crematian, ar re		PART 2. OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR (CONDITION GIVEN IN PART 1(0)	
ding ding seen the orta	NO	190. DATE OF OPERATION 196.	nsons Dell			
t: The law re or attending te has been use as the alth prior ta	CERTIFICATION	190. DATE OF OPERATION 190.	CONDITION FOR WHICH OPERATION WAS PER		20b. IF YES, WERE FINDINGS CON CAUSES OF DEATH?	ISIDERED IN CERTIFYING
alth 1	ERTI	21a. ACCIDENT WAS UNDERLYIN	IC 1015 TIME OF INSURV	YES NO		
ICIAN: The law resided or attending rificate has been dear use as the after use as the after the aft Health prior to		OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. Month Day Year	21c. HOW INJURY OCCURRED (Enter	r nature of injury in Part 1 or Part 2, Ite	em 18.)
HYSICIAN haspital s certifica tched far	MEDICAL	(If either, natify medical exoming 21d. INJURY OCCURRED 21e.				
DING PHYSIC by the haspi After this certi be detached State Dept. at		While Mat while M	OFFICE BUILDING, ETC.	(ORY.) 21f. LOCATION Street or R.F.D. No.	. City or Town	County State
the de de late I		di Walk al Walk	is bassitall attached the decree	16	14 1 4/20 101	G 11 1 10 1 1 1 1
After Star		saw the deceased a	is haspital) attended the decease live an 4/28/19	a fram, 19_e	nian death accurred an the date	7_, that (I) (we) last
OR ATTENDING be retained by th DIRECTOR: After i e 3 should be d ed with the State		causes stated abave	e, (I) (we) (did) (did nat) view the b	oady after death.	man avam accorred an me agre	s and hadr and from the
EG PET		22b. SIGNATURE	. /	ATTENDING N	NED. STAFF 22c. DA	TE SIGNED
OR be re DIRE		1 mar	gran .	DEGREE PHYS. D	IRECTOR PHYS.	
TAI nay AI pag pag e fi		22d. PHYSICIAN'S NAME (Type) RONAL	D W. BARR MD	22e. ADDRESS	GEORGE TOWN Rd	0
NER TOUR						1251/15504
Page 4 may be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us shauld be filed with the State Dept. af Healt		BURIAL, CREMATION, 23b. [REMOVAL (Specify) 5=:	23c. NAME OF C	Lawn Cemetery	23d. LOCATION (City or Town) Le	Monte. (Ma)
5-5		UNERAL DIRECTOR	7557 Wabse	onsin Ave 250. REC'D B		
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211	MARYLAND STATE DEPARTMENT OF HEALTH
	05712 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. DECEASED-NAME (Type or Print) First Middle Control Cont
is to to of of	DEATH MATED 7 - 9/ 1969 3-1M
d 3 d 3 ent	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years lif under 1 YEAR IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 26. HOUR MONTHS OAYS HOURS MIN MONTHS DAYS
2, and 3 to PM3. Page	1 Where 11-23-19 49 YRS. 4-27- 1001 1069 370M
Iny delay 1, 2, and 3 m PM3. Pag	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY, OF DEATH
S per S	MIDOWED DIVORCED 1110 KI 9 011 CICY
thours after deoth. Item 18. Give Pages 1, Offlice olong with farm. Tand 2 with the State Deoth.	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) 120. USUAL OCCUPATION (Kind of wark done during mast of working life, even if retired.) 12b KIND OF BUSINESS OR during mast of working life, even if retired.) 11n NAME OF HOSPITAL OR INSTITUTION (If not in haspital during mast of working life, even if retired.) 12b KIND OF BUSINESS OR during mast of working life, even if retired.)
s after 18. Giv e olong 2 with t deoth.	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, OTY OR JOWN , 13d. INSIGE CITY LIMITS? 13e. STREET AND NUMBER
urs 1 18 12 v	
hin 24 hours at rell in Item 18. inger's Office old object Tand 2 with the release of the releas	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First . EMiddle Beach
Ho Big ali	166. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Hyes give wor or dates of service) 166. SOCYTE SECURITY NO. 17. INFORMANT PRINCE 8716 Harts date AL
TY DICAL EXAMINER: This certificate should be executed with y, please execute the certificate, writing the word "pending" in perior director. Page 4 should be forwarded to the Chief Medical Example retained for your files. AL DIRECTOR: Page 3 should be used as a burial-transit permit. File prior to burial, cremation, or removal, and in any event within 72	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: APPROXIMATE INTERVAL BETWEEN OWSET AND GEATH APPROXIMATE INTERVAL BETWEEN OWSET AND GEATH
cuto dica with	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive-sub-dural and intra-cerebral hemorrhage
exe endi	DUE TO, OR AS A CONSEQUENCE OF
be "pe "pe hief onsi	Conditions, if any, which gave (b) Laceration of brain, due to trauma (b) Laceration of brain, due to trauma
ord ord e Cl e Cl	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
ertificate should be executed writing the word "pending" i rwarded to the Chief Medical sed as o burial-tronsit permit.	lost. (c) Fall at home
o b	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
ifico tring rrdec as al, a	Z Chronic alcoholism -
verit wri rrwo nov	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED?
INER: This certificate, writ should be forwar files. 3 should be used ortion, or remova	E YES
MINER: This the certificate, 4 should be four files.	I DOUBLE ON CONTRIBUTION IN THE PROPERTY OF TH
INER: e cert shoul files. 3 shou	CAUSE OF DEATH 80 1969 7 all odd of local
MIN the the mo mo mo	haut har haut factory office building etc.)
EXAMINER: cute the cert oge 4 should oge 4 should r your files. Poge 3 should I, cremotion,	AT HOME STILL PARTSDALE FIVE - BETHESON MONT MD
VE Por	22a. I certify that I taak charge af the remains described abave, held an Autapsy 🔀, Inspection 🔀, Inquiry 🔼, and in my apinian
DEPUTY SICAL EXAM seessory, please execute the funerol director. Page 4 may be retained for your FUNERAL DIRECTOR: Page ealth prior to burial, crem	death resulted fram: Natural causes 🔲 , Accident 🖄 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🗌
please direct retaine or to k	ACTUAL OLD BY BY BY CHIEF MEDICAL EXAMINER OF SOLD BY STRONG
TY Yy, P rrol AL Prrio	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 220. DATE SIGNED
DEPUT Cessory, e funer moy be FUNERA	EXAMINER'S DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY D
TO DEPUTY necessory, F the funerol 5 moy be r TO FUNERAL Health pric	NAME (Type) John G Ball Md ADDRESS(Street, city, town, or county) Bethesda, Md
10 To # He	23a. BURIAL (REMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR (REMATORY 23d. LOCATION (City ar Tawn) (Caunty) (State)
0	Cremation 5-1-69 Cedar Hill Cemetery Suitland Pr. Geo Md
VR A15MERS	24. FUNERAL DIRECTOR Robert A Pumphrey 7557 Wisconsin Ave Robert A Pumphrey 8 Bethesda, Md 250. RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE MAY 5 1969
10M REV. 1/48	Robert A Pumphrey Bethesda, Md MAY 5 1969 Williamlas Judgas



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rent rent	3. SI	X	4. RACE	S. DATE OF	BIRTH	6. AGE (In years last birthday)	MONTHS DA		-		NOUNCED DEAD	Year	2d. HOUR
P F	-	nale	White	-	9/妇/3	53 YF				April	1.9°y	1969	9:10p
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for for		ITY OR TOWN OF	DEATH		States NAME OF HOSPITA			DIVORCED			d of work done	Ly 112b. KIND OF B	Md
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ould be executed vord "pending" in the Chief Medical Estolator of tronsit permit. Figory event within			DEATH (Enter o		line for (a), (b),							BETWEEN ON	TE INTERVAL ET AND DEATH
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# 7 4	MEDICAL CE	PRIMARY OR CAUSE OF DEATH	CONTRIBUTING		OF INJURY Month, I	1 60	Decea road &	sed, d	rivi	of injury in l	Port 1 or Port 2, 1 rossed in auto her	midline	in
S = St	WED	21d. INJURY OCC	JRRED 21e.	PLACE OF INJUR	(At home, form,		21f. LOCATION Str			City or To		County	Stote
XAM the the ge 4 your crem		AT WORK AT	WORK WORK	octory, office buil	str	reet	Route	108			H	oward	Md.
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DEPU ressar e fune moy h FUNE solth		EXAMINER'S NAME (Type)	BELL	EN 1	Y, A	EAP		DEPUTY MEDICAL		ER (County)	APRIL	191	1969
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MARYLAND STATE DEPARTMENT OF HEALTH

